



University of Nebraska Cochlear Implant Program

Barkley Memorial Center
4075 East Campus Loop
Lincoln, Nebraska 68503
402-472-2071 | 402-472-3814 (fax)

Thank you for your interest in the University of Nebraska Cochlear Implant Program. A cochlear implant is designed for individuals with severe to profound hearing loss in both ears that receive little or no benefit from hearing aids. Cochlear implantation requires surgery followed by multiple visits for programming the cochlear implant system and aural (re)habilitation therapy.

An individual must undergo a series of evaluations to determine if a cochlear implant is an appropriate treatment for your hearing loss. The evaluation process is extensive and involves assessments by the ear, nose, throat (ENT) doctor, audiologist, speech-language pathologist, and deaf educator.

The first step in the evaluation process is to complete the intake packet that is enclosed. **The following items must be completed prior to scheduling the appointment:**

1. **Case History form,**
2. **Release of Information form,**
3. **Copy of your most recent hearing test results (audiogram), and**
4. **Referral from your primary care physician for “medical, radiological, speech-language, social work and audiological evaluations for cochlear implant work-up”.**

Your physician and audiologist can fax their materials to us at 402-472-3814. Upon receipt of all items, you will be contacted regarding your appointment time for the cochlear implant evaluation. It is very important that you bring your hearing aids and earmolds to the evaluation. Once all the testing is complete, a decision regarding your candidacy for cochlear implantation will be decided by the team members.

Enclosed you will find some general information about our program. If you would like additional information about the cochlear implant or our team, please call 402-472-2071.

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Adult Case History

Date _____ Referred By _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Age _____ Gender _____ Home Phone _____

Primary Insurance _____ Policy Number _____

Work Phone _____ Cell _____ Email _____

Other Professionals

Primary Care Physician Name _____ Phone Number _____

Address _____

ENT's Name _____ Phone Number _____

Address _____

Audiologist's Name _____ Phone Number _____

Address _____

Speech Therapist's Name _____ Phone Number _____

Address _____

Hearing History

At what age was the hearing loss first diagnosed? _____

Do you know what caused the hearing loss? Yes No If yes, what? _____

What diagnosis have you received regarding the degree of hearing loss? _____

Which is the better ear? Right Left Same Not Sure

Is there a family history of hearing loss? Yes No If yes, tell us _____

Health History

Please circle if you have had any of the following:

Epilepsy Seizures Sinusitis Dizziness Allergies Diabetes Cancer

Stroke Hypertension (high blood pressure) Tinnitus (ringing in your ears)

Loud noise exposure: Military Factory Music Farm Equipment

Ear infections: Yes No

If so, how many per year? _____ Treatment? _____

Are you on any regular medication (other than vitamins)? No Yes: please specify

Have you ever had any ear surgery? Yes No

If so, describe _____

Has your vision been evaluated? Yes No

If so, when and what were the results?

Hearing Aid History

Do you wear hearing aids? Yes No If yes, which ear R L Both

What is the make and model of the hearing aids? _____

On average, how many hours does you wear the hearing aids each day? _____

How old are the current hearing aids? _____

Do you feel that you benefit from the hearing aids? _____

Do you use any assistive listening devices? Yes No

If yes, explain _____

Communication Information

Do you communicate verbally?	Yes	No
Can others understand you?	Yes	No
Can your friends/family understand you when you speak?	Yes	No

Please circle any of the following ways your child communicates with others:

Speaks Gestures ASL Sign Language Cued Speech Other_____

What are your communication goals? _____

Expectations

What outcomes do you expect for the cochlear implant? _____

Cochlear Implant History (Complete the following information if you did NOT receive your cochlear implant at the UNL Cochlear Implant Program.)

Hospital _____ Surgeon _____

Audiologist _____ Phone _____

Address _____

Date of surgery _____ Activation date _____

Description of activation experience

Rehabilitation services provided by cochlear implant program

Release of Information

I authorize the above named professionals to release information to the Barkley Speech-Language and Hearing Clinic at UNL for the purpose of conducting a cochlear implant work-up.

Patient Signature

Date

Witness

Date

Please return this form and a copy of your most recent audiogram to the address on the front of this form. Thank you.

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Team Members

Audiologists

Hannah Ditmars, Au.D., CCC-A
Kelly Pritchett, Au.D., CCC-A
Stacie Ray, Au.D., CCC-A
Josh Sevier, Au.D., CCC-A
Emily Wakefield, Au.D., CCC-A

CI Audiologist

Josh Sevier, Au.D., CCC-A, CI Program Coordinator

Vestibular Audiologist

Amanda Rodriguez, Au.D., Ph.D.

Speech-Language Pathologists

Katie Brennan, MS, CCC-SLP

Deaf Educator

Anne Thomas, Ph.D.

University of Nebraska Lincoln
Barkley Speech-Language

Candidacy Evaluations

Audiological Evaluation: A comprehensive hearing assessment will be completed with and without the hearing aids. This may require more than one visit. ***It is essential that the individual brings his/her hearing aids and earmolds to the evaluation.***

Sedated Auditory Brainstem Response and Otoacoustic Emissions Tests: These tests are objective measures of hearing sensitivity.

Vestibular Evaluation: This is a thorough assessment of the balance system located in the inner ear.

CT Scan: A specialized x-ray to evaluate the anatomy of the hearing organ.

Medical Examination: The otologist/otolaryngologist will take a medical history, review the CT scan, and determine if there are any medical contraindications that would prohibit the surgery.

Speech-Language Evaluation: A formal and informal assessment of the person's communication abilities ***with his/her hearing aids*** will be evaluated. Communication goals will be discussed at this appointment.

Family Consultation: Patient and family expectations will be discussed.

Additional evaluations may be recommended based on the information obtained during the candidacy assessment.

After all the assessments are complete, the CI team members will meet and determine if the individual is a cochlear implant candidate. If the individual is determined to be a candidate, a surgery date will be scheduled. (In case of a child, he or she will need to be enrolled and attending appropriate therapy before a surgery date is scheduled.) Approximately two to four weeks after the surgery and medically cleared, the individual will need to return to the Barkley Center for cochlear implant programming. If the individual is not a candidate, then the individual will be contacted and alternative options will be discussed.