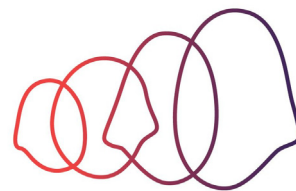


“The Earbus” Mobile Children’s Ear Clinic (Pilbara - Onslow)



Telethon **Speech & Hearing**
Releasing children's potential

Dear Parent / Guardian

The Telethon Speech & Hearing Earbus will soon be visiting your child’s school offering a free hearing screening program for students. Many Aboriginal and Torres Strait Islander children have middle ear problems. The Earbus program was created to tackle these problems however the service is available to all children in this region. Middle ear issues can occur anytime from birth and if not treated can have a huge impact on their ability to listen and learn.

An Earbus screener will perform some general testing which may include looking in your child’s ear with an ear light, giving your child two quick tests to measure how well the ear is working and doing a basic hearing test.

After the Earbus has visited, a doctor (“Ear Doctor”), nurse and / or an Aboriginal Outreach Worker may visit the school and treat the children with ear problems. The doctor can also do checks on your child’s general health. Treatment and medicines are billed to Medicare. If your child needs any medicine, these will be purchased through a local pharmacy and can be given at the child’s school.

If you want your child to be screened by the Earbus screener and if needed, seen by the follow up team, please complete the consent form below. All parents will be notified of their child’s screening results and follow up options.



The Mobile Children’s Ear Clinics are conducted in conjunction with the following partners:



I _____ (parent/guardian) **do give** consent for my child to participate in the Telethon Speech & Hearing Earbus screening program, to be screened by the Earbus screener, treated by the Ear Doctor clinic and given medicine by school staff. If required, the school will inform you about this medicine in a letter.

- I agree to other ear and health professionals such as my regular GP being notified of consultations and basic health check ups
- I understand that any research data generated by this program may be published provided that names are not used

My child is Aboriginal / Torres Strait Islander Yes No

Child’s Names: _____ Sex: M / F

Address: _____
 _____ Postcode _____

School: _____ Year: _____

Date of Birth: _____

Parent/Guardian Signature: _____ Phone Number: _____

Relationship to Child: _____ Date: ____/____/____

Medicare Number: _____ Expiry Date _____ Reference No _____

Health Care Card Number: _____ Expiry Date _____

Medical History

Ear Health

Does your child have ear infections often? Yes No

Is your child currently being treated by an Ear Nose and Throat Specialist? Yes No

Do you have concerns about your child's speech development? Yes No

General

Has your child's general health been checked by a doctor? Yes No

Do you want your child to have a health check up with our doctor? Yes No

If yes, please answer the following questions: Does your child have any medical problems?
Or have they had any in the past? Yes No

Are you worried about the health of your child? Yes No

What are you worried about?

Is your child taking any medications? Yes No

If yes, what are the names of the medications?

Do you know if your child has any allergies / reactions to medicines or foods? Yes No

If yes, what? _____

Are your child's immunisations up to date? Yes No

I normally go to doctor / surgery:

Doctor / Surgery Name: _____

Phone: _____ Address: _____

I am enrolled in a Practice Incentive Program (PIP) for the PBS Co-payment Measure Yes No

For more information, please contact our Earbus screener:

Mobile: 0467 601 600

Email: hearing@tsh.org.au