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Doctor of Audiology

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Thank you for your interest in an Auditory Processing Disorder (APD) evaluation! In order to expedite the scheduling process, please complete the following form that contains case history information in order for us to better understand how we can be of assistance. The form takes about 5 minutes to complete and is sent confidentially and directly to Suzanne Foley. Once she receives this form, we will reach out to you via email with information about scheduling the evaluation.

Please note: We MUST receive records of any testing you describe in order to provide the most comprehensive and appropriate evaluation. We will not be able to schedule the evaluation without a review of other evaluation reports, if indicated in the form.

Thank you,

Suzanne Foley, AuD., CCC-A

PLEASE CLICK ON LINK BELOW

<https://forms.gle/XgDTYCaopQfm1cE78>