PEDIATRIC CASE HISTORY

GREAT LAKES AUDIOLOGY, LLC

Name:_____ **DOB:** _____ **Age:**_____ **Date:**_____

1. For what reason(s) was this hearing test arranged?

2. Has your child ever had a hearing test before? ❒ Yes ❒ No
Date of last test: _____
Test results: _____

3. Do you have concerns about your child's hearing? ❒ Yes ❒ No

4. Does your child seem to hear better on some days than others? ❒ Yes ❒ No

5. Is there a history of childhood hearing loss in your family? ❒ Yes ❒ No
If so, what was the cause?

6. Were there any complications during pregnancy or delivery? ❒ Yes ❒ No
Please describe:

7. Were any of the following present after your child's birth or during the first two months?

❒ Prematurity
❒ Low birth weight (less than 5lb.)
❒ Was in an incubator or isolette
❒ Difficulty breathing
❒ High fever
❒ Appeared yellow (jaundiced)
❒ Physical deformities
❒ Infections at birth
❒ Failed infant hearing screening
❒ Stayed in hospital after mother went home

8. What is your child's general health? ❒ Good ❒ Fair ❒ Poor

9. Is your child on any medications currently? Please list: (use back if need more room)
Medication:_____ For:_____
Medication:_____ For:_____
Medication:_____ For:_____

10. Has your child ever been hospitalized? ❒ Yes ❒ No
If yes, please list for what conditions:

11. Has your child experienced ear infections or other ear disorders? ❒ Yes ❒ No

12. Has your child had any ear surgery? ❒ Yes ❒ No
If yes, please list:

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13. What illnesses has your child had?

❒ Allergies	❒ Encephalitis	❒ Heart problem	❒ Meningitis	❒ Seizures
❒ Asthma	❒ Head/ear injury	❒ High fever	❒ Pneumonia	❒ Tonsillitis
❒ Dizziness	❒ Headaches	❒ Measles	❒ Rheumatic fever	❒ _____

14. Do you have any concerns about your child's speech and language? ❒ Yes ❒ No

15. Has your child ever received speech therapy? ❒ Yes ❒ No

16. Do you have concerns about your child's physical or mental development? ❒ Yes ❒ No

17. Do you believe your child has any learning difficulties? ❒ Yes ❒ No

18. If your child attends school, has he or she repeated any grades? ❒ Yes ❒ No

19. What questions would you like to have answered as a result of today's hearing evaluation?