

Pediatric Case History (under age 16)

NAME: _____ REFERRED BY: _____

D.O.B. _____ DATE: _____

YES NO

Do you have any concerns about your child's hearing? If yes, please describe:

Has your child ever failed a school hearing screening? If yes, when: _____

Were there any significant problems during pregnancy, delivery or following the birth of your child?
If yes, please explain: _____

Has your child had repeated ear infections? If yes, how many since birth: _____
When was the last infection? _____

Has your child ever had pressure equalizing tubes?

Has your child had any serious illnesses or accidents requiring hospitalization?
If yes, please explain _____

Does anyone in your child's family have a hearing loss? If yes, which family member(s) and how old were they when their loss began? _____

****If your child is a pre-schooler, please complete the following:****

How many different words does your child use? _____

How many words does this child put together in a typical sentence? _____

What percentage of this child's speech do you understand?
Less than 20% ___ 20-50% ___ 50-70% ___ 70-90% ___ Almost all ___

What percentage of this child's speech would a stranger understand?
Less than 20% ___ 20-50% ___ 50-70% ___ 70-90% ___ Almost all ___

Signature _____ Relationship to child: _____

