



Pediatric Audiology History

Name: _____ Date of Birth: _____

Do you/have you ever had any concerns about your child's hearing? YES NO

If yes, please describe: _____

If yes, how long have you noticed a problem with your child's hearing? _____

Has any member of your family, or your child's teacher, ever expressed concerns about your child's hearing?
 YES NO

If yes, please describe: _____

Did your child pass his or her newborn hearing screening? YES NO

Do any of your child's relatives/family members have hearing problems? YES NO

If yes, who? _____

If yes, what age was the hearing loss identified? _____

When did your child speak their first words? _____

Does your child currently receive any therapy services (i.e. Speech Therapy, Occupational Therapy, Physical Therapy, etc.)? YES NO

If yes, please explain (i.e. therapy type, how long, how frequent): _____

Has your child been diagnosed with any of the following? Check all that apply.

- Speech/language delays
- Hearing loss
- ADHD
- Autism Spectrum Disorder
- Learning Disabilities

PRE-NATAL HISTORY:

Have any of the following conditions occurred during pregnancy? Check all that apply.

- CMV
- Lack of oxygen
- Substance/Alcohol abuse
- Infections
- Communicable Diseases
- Other: _____



Was your child born full term? YES NO

How many weeks? _____ Child's Birth Weight: _____

Complications: _____

Was your child able to go home from the hospital with you? YES NO

If no, please explain: _____

Have any of these conditions occurred during labor/delivery or hospital stay? Check all that apply.

- Caesarean
- Congenital defects
- Medication given to child
- Special neonatal care of NICU
- Jaundice
- Ventilator
- Low APGAR scores
- Received blood transfusion(s)
- Lack of oxygen

EARS

Has your child had middle ear infections? YES NO

If yes, how many in the past 6 months? _____

If yes, which ear? Right Left Both

If yes, what was the treatment (i.e. antibiotics, PE tubes)? _____

Is there any other information you feel would be helpful for the audiologist to know?

Who can we thank for referring you to Auditory-Verbal Center? _____
