Today's Date: _____

Hearing Professionals of Alabama, LLC
2415 Moores Mill Road, Suite 225
Auburn, Alabama 36830
(334)

Pediatric Case History Form

I. Identifying Information:

Child's Name _____ DOB _____ Age _____
Home Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Mother's Name_____ DOB_____ Occupation_____
Father's Name _____ DOB _____ Occupation_____
Siblings _____
(please list names and ages)
Child's Primary Physician _____
(please include address and telephone number)
Who referred you to this Clinic? _____
Does child attend daycare? (full time/partime) _____
Reason for visit today? _____
_____
_____
_____
_____

II. General Health History:

Were there any complications during the pregnancy, delivery, or following birth with the child? (if yes, please explain) _____
_____
_____
Child's Birth Weight _____ Was child born premature? (if yes, at how many weeks) _____
Did child require oxygen at or soon after birth? (if yes, please explain) _____
_____
Did child require any time in the NICU? (if yes, please explain) _____
_____
Was child jaundice at birth? (if yes, describe treatment) _____
_____

Does your child have any current or suspected conditions, syndromes or illnesses? (if yes, please explain and list time of diagnosis) _____

_____

_____

_____

Has the child had any accidents that required hospitalization? (if yes, please explain) _____

_____

_____

Does your child currently take any medication daily? (if yes, please list) _____

_____

How would you describe your child's overall health? (please circle)

Excellent Good Fair Poor

III. Audiology/Otologic History

Did your child pass his/her Newborn Hearing Screening? (if no, what follow-up occurred and where?) _____

_____

_____

Has your child had previous hearing evaluations? (if yes, where and what were the results?) _____

_____

Does your child currently, or has he/she ever, been fit with amplification (hearing aids)? (if yes, when and where?) _____

Is there a family history of hearing loss in children? (if yes, list what relation they are to the child) _____

_____

Has your child had any ear infections? (if yes, how many) _____

Has your child had PE Tubes? (if yes, when were they placed and by what physician) _____

_____

Does your child currently have an ear infection? (if yes, how is it being treated?) _____

_____

Do you, or any family members/caregivers, suspect child has hearing loss? (please explain reasons) _____

_____

_____

_____

_____

_____

IV. Developmental History

At what age did your child do the following:

Crawl _____ Sit unassisted _____ Walk unassisted _____

Do you have any concerns regarding your child's vision? (if yes, has vision been tested?) _____

_____

Please fill out the attached questionnaire regarding your child's auditory development.