

Auditory Processing Disorder Case History

Identifying Information:

Date: _____

Name: _____
First Middle Last

Address: _____
Street Address City State Zip

Phone Number (____) _____ Cell(____) _____ Work(____) _____

Date of Birth: _____ Age: _____

Referral Source: _____
Name

Primary Care Physician: _____

Reason for Referral: _____

Family Background:

Father's Name: _____ Age: _____ Occupation: _____

Mother's Name: _____ Age: _____ Occupation: _____

Sibling's: _____

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of the Problem:

Describe the problem as you understand it:

When was the problem first noticed? _____

Who noted the problem initially? _____

Is there a family history of learning problems? If so please describe in detail: _____

Medical History:

Child's current overall health: _____ Good _____ Fair _____ Poor

Birth History:

Birth Location: _____

Pregnancy and Delivery: _____ Normal _____ Abnormal

Comments: _____

Newborn Hearing Screening _____ Pass _____ Refer _____ Follow-up

Comments: _____

Developmental History : (Please check all that apply)

	Normal	Delayed	Comments
Developmental Milestones			
Fine Motor Skills			
Gross Motor Skills			
Speech and Language Skills			
Neurodevelopmental			

Health History: (Please check all that apply)

	Right	Left	Both	Treatment	Onset/Most recent occurrence
Hearing Loss					
Ear infection					
Ear Pain					
Ear Drainage					
Ear Pressure					
Dizziness					
	When		Hospital	Reason	
Head Trauma					
Hospitalization					
Surgery					

	List:
Allergies	

Professional Diagnosis: (please check all that apply)

<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder (ADHD)
<input type="checkbox"/>	Mental Retardation (MR)
<input type="checkbox"/>	Autism Spectrum Disorder (ASD)
<input type="checkbox"/>	Pervasive Developmental Disorder (PDD)
<input type="checkbox"/>	Asperger's Disorder
<input type="checkbox"/>	Pervasive Developmental Disorder Not Otherwise Specified (PPD-NOS)
<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Non-verbal Learning Disorder
<input type="checkbox"/>	Oppositional Defiant Disorder (ODD)
<input type="checkbox"/>	Tourette's Syndrome
<input type="checkbox"/>	Speech Deficit
<input type="checkbox"/>	Language Deficit
<input type="checkbox"/>	Visual Perceptual Disorder
<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Stuttering
<input type="checkbox"/>	Reading Disorder
<input type="checkbox"/>	Auditory Processing Disorder (APD)
<input type="checkbox"/>	Other (please list)
<input type="checkbox"/>	

List professionals who diagnosed above disorder(s) and when diagnosis was made:

Medication:

 Prescription Medication: Please list or provide a copy of current list

Medication name	Prescribing Physician	Dosage	Purpose

 Non-Prescription Medication: Please list or provide a copy of current list

Non-Prescription Medication	Dosage	Purpose

Evaluations Completed: Please check all that apply

	Findings
Psychoeducational	
Receptive Speech and Language	
Expressive Speech and Language	
Cognitive Current IQ_____	
Neurodevelopmental	
Psychological	
Behavioral	
Vision	
Visual Perception	
Other	

Academic Performance: Please check all areas or subjects that the patient has difficulty in school or at home:

Grapheme (handwriting skills)
Visual perception- i.e. difficulty copying from the blackboard to his/her paper
Reading
Reading fluency- oral/silent
Reading comprehension
Phonemic awareness/sound blending- i.e. confusing words/sounding out words
Language arts
Math
Science/social studies
Poor attention in quiet
Following directions auditorily in quiet
Following directions auditorily in noise
Following written directions
Organization of expressive/oral presentations
Organization of written materials
Organization of everyday materials
Following simple routines - i.e. bedtime routine
Utilizing auditory only stimuli
Utilizing visual only stimuli
Utilizing visual/auditory stimuli
Hyperactivity
Over sensitivity to sound
Confusion/lost focus in noisy environments
Poor sleeper
Behavioral issues

Continue on next page

