

**Coastal Audiology & Hearing Aid Center
PEDIATRIC CASE HISTORY**

Date	PATIENT INFORMATION		
Name	Birth Date	Age	
Hospital of Birth			
PURPOSE OF VISIT			
REFERRED BY		MEDICATIONS	
Parent/Guardian			
Primary Care Physician			
School			
Other (please list)			
RISK INDICATORS			
	YES	NO	
Family history of permanent childhood hearing loss?			
Parent/Guardian concern regarding hearing, speech, language or developmental delay?			
Was child in neonatal intensive care for more than 5 days?			
Birth history of any of the following: assisted ventilation, blood transfusion, medications to treat infections?			
In utero infections such as: CMV, herpes, rubella, syphilis, or toxoplasmosis?			
Ear or head abnormalities?			
Diagnosis of neurofibromatosis, osteoporosis?			
Diagnosis of Waardenburg, Alport, Pendred or Jervell and Lange-Nielson syndromes?			
Diagnosis of Hunter syndrome, Friedreich Ataxia or Charcot-Marie-Tooth syndrome?			
Postnatal culture positive infections such as bacterial or viral meningitis?			
Head trauma requiring hospitalization?			
Chemotherapy?			
HEARING HEALTH / DEVELOPMENTAL HISTORY			
	YES	NO	
Ear infections or ear disorders?			
Ear surgery?			
Type of procedure(s):			
Date of procedure(s):			
Speech therapy?			
Age at time of therapy:			
Has child repeated any grades? Grade(s) repeated:			
Early developmental milestones on target? (sit, crawl, roll over, walk, first word)			
Premature birth history?			

HEARING TESTING HISTORY	YES	NO
Newborn hearing screening		
Results:		
Previous hearing testing		
Results:		
DO YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR CHILD'S HEARING?		