Advanced Audiology Locations

Manhattan Office	□	**1133 College Ave Ste. C145, Manhattan, KS**
Abilene Office	□	**1111 N. Brady St., Abilene, KS**
Beloit Office	□	**310 W. 8th St., Beloit, KS**
Concordia Office	□	**1100 Highland Dr., Third Floor, Concordia, KS**

Phone 785-320-7388 **Fax 785-320-6056**

Pediatric Audiologic Case History

Child's Name:_____

Child's DOB:_____ **Today's Date:** _____

Primary Doctor:_____ **Referring Doctor:**_____

Guardian's Name:_____**Relationship:** _____

Guardian's Phone Number: _____

General

Have you ever questioned your child's ability to hear normally? □ Yes □ No

If yes, please describe: _____

If you suspect a hearing loss, how long have you noticed this problem? _____

Has your child's hearing been tested before? □ Yes □ No

If yes, where? _____ When?_____

What were the results?_____

Do any of the child's relatives have hearing problems? □ Yes □ No

If yes, who?_____ Age of identification?_____

Prenatal History

Please check any of the conditions that occurred during pregnancy:

□ HIV □ Maternal illness/infection □ Lack of oxygen

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□ Alcohol abuse □ Toxoplasmosis □ Rubella

□ Substance abuse □ Gestational diabetes □ Syphilis

□ Cytomegalovirus (CMV) □ Preeclampsia □ Herpes

Were there any additional pregnancy complications?_____

BIRTH HISTORY

Length of pregnancy?_____ Child's weight at birth?_____

Prolonged hospital stay?_____ Apgar scores:_____

Please check if any were applicable during delivery/after birth:

□ Emergency cesarean □ Oxygen administered □ Phototherapy lights

□ Mechanical ventilation □ Jaundice □ Aminoglycoside antibiotics

□ Congenital anomalies □ NICU stay □ Meconium aspiration

□ Meningitis □ Feeding tube

□ Other complications □ Syndrome _____

Please describe:_____

_____

CHILD'S HEARING HISTORY

My child demonstrates the following auditory awareness. Please check all that apply:

□ Startles to loud sounds □ Quiets to speech/music □ Awakens to loud sounds

□ Turns to speech/sound □ Responds to "no"/name □ Follows directions

Has your child had a history or ear infections/ear drainage? □ Yes □ No

If yes, please describe: _____

Has your child had medical/surgical treatment for his/her ears? □ Yes □ No

If yes, when? _____

Type of procedure?_____

Does he/she ever complain of fullness in the ears? □ Yes □ No

If yes, please explain: _____

Has your child ever described noise in the ears? □ Yes □ No

If yes, please describe: _____

Does your child fall or lose balance easily? □ Yes □ No

If yes, please describe: _____

Child's Health History

Has your child experienced any of the following? If yes, please list the date of occurrence:

□ Measles _____ □ Tonsilitis _____ □ Chicken Pox _____

□ Allergies _____ □ Mumps _____ □ Frequent colds _____

□ Scarlet Fever _____ □ Flu _____ □ Meningitis _____

□ Sinusitis _____ □ Encephalitis _____ □ High Fevers _____

□ Seizures _____ □ Head Injury _____ □ Blood transfusion _____

Any other serious illness or surgery? □ Yes □ No

If yes, please describe: _____

Does your child have any developmental delays? □ Yes □ No

Age sat without support: _____

Age walked without support: _____

Additional comments: _____

Is your child currently receiving occupational or physical therapy? □ Yes □ No

If yes, where and how often?_____

Please list any medications as well as dosage and frequency (including non-prescriptions) your child is currently taking or has taken recently:_____

_____

Speech-Language Development

How do you feel your child's speech, language and basic communication skills are developing?

_____

My child is using (check all that apply)

□ Cooing □ Babbling □ Single words

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□ 1-2 word phrases □ 3 word sentences □ Full sentences

Age of your child's first word:_____

How many words would you estimate your child uses? _____

How intelligible are his/her words?_____

If your child is not using words, how does he/she convey his/her wants and needs? _____

_____

Does your child follow directions? □ Yes □ No

Comments:_____

Does your child answer questions appropriately? □ Yes □ No

Comments:_____

Is your child currently receiving speech therapy services? □ Yes □ No

Comments:_____

Are there multiple languages spoken in the home? □ Yes □ No

If yes, what languages? _____