

Pediatric Audiology History

Name: _____ Age: _____ Date: _____
Pediatrician: _____
Please send a report to my pediatrician _____ Yes _____ No
Sex and Ages of Siblings: _____

Please check and/or describe all that apply below including the age at which it occurred.

Pre-Natal (Pregnancy)

Length/Term _____
Illness _____
Medications _____
Rh Factor _____
TORCH Infection _____
(toxoplasmosis, rubella,
cytomeglavirus, herpes)

Delivery

Duration/Labor _____
C-Section _____
Position _____
Anesthesia _____
Complications _____
APGAR 0-4 1 minute _____
APGAR 0-6 5 minutes _____

Post-Partum

Birth Weight _____
Received Blood _____
Medications _____
Cleft Palate _____

Lack of Oxygen _____
Jaundice _____
Craniofacial Anomalies _____
Incubator _____

Infancy and Childhood

At what age did your child walk? _____
At what age did your child say his first word? _____

Medical History

High Fevers/Serious Illnesses _____
Seizures/Convulsions _____
Hospitalizations/Surgeries including tonsillectomy, adenoidectomy and/or myringotomy with or
without insertion of tympanostomy tubes _____
Past/Present Medications _____
Family history of hearing loss _____

Social History

Does your child interact well with others his/her own age? _____
Behavior Problems? _____
School Grade _____ School Progress _____
School your child is presently attending _____
Name of your child's teacher _____
(Please send a report to my child's school _____ Yes _____ No)

Do you now, or have you ever had, any concerns about your child's hearing? _____

Does your child have a permanent hearing loss that you are aware of? _____

(for example: loss in one ear only, can't hear high pitch sounds)

Please describe the hearing loss _____

Has any member of your family, or your child's teacher, ever expressed concern about your child's hearing? _____

Specific Questions About Your Child's Hearing History

1. Does your child respond to sound consistently? _____
2. Do you feel you need to repeat things for your child in order to be understood? _____
3. Does your child say "what?" or "huh?" frequently? _____
4. Do you need to raise your voice in order for your child to respond? _____
5. Does your child like to sit close to the television, or does he/she turn up the volume? _____
6. Does your child appear to have difficulty understanding speech in background noise? _____
7. Has your child had a formal hearing test by an audiologist?
(not just a screening at the doctor's office or in school)? _____

Specific Questions About Your Child's Ear History

1. Did your child have any ear infections in the first 18 months of life? _____ If so, How many? _____
2. At what age did your child's first ear infection occur? _____
3. Does your child continue to have ear infections? _____
Approximately how many does he/she experience each year? _____
Has your child had an ear infection in the last 6 months? _____
4. Has your child ever been treated with antibiotics for an ear infection? _____
Has your child been treated with more than one antibiotic? _____
How long does it take for an ear infection to clear? _____
Is your child currently taking antibiotics for prevention of ear infections? _____
Has your doctor ever observed fluid behind your child's eardrums? _____
5. Has your child ever been seen by an Ear, Nose and Throat Specialist (Otolaryngologist)? _____
6. Has your child ever received pressure equalizing (ventilating) tubes for chronic ear infections?
How many sets of tubes? _____ At what age(s)? _____
7. Does your child have a frequent runny nose? _____ Colds? _____ Allergies? _____

Additional Comments/Observations: _____

