

## 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_