



4710 OLD TROY PIKE • DAYTON, OHIO 45424

PHONE: (937) 233-1230

TDD: (937) 236-8936

FAX: (937) 236-8930

CHILD AUDIOLOGY CASE HISTORY

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Pediatrician Name: _____

What are your main concerns? _____

Birth History

Length of Pregnancy: _____ Birth Weight: _____

Were there any complications during pregnancy or delivery? Yes No

If yes, please describe _____

Risk Factors (please check all that apply):

- Family history of hearing impairment in childhood
- Congenital perinatal infection (e.g. cytomegalovirus, rubella, herpes, toxoplasmosis, syphilis)
- Anatomic malformation of head, face, or neck (e.g. dysmorphic appearance, cleft palate, abnormalities of ear, periauricular tags / pits)
- Prematurity (37 weeks of less)
- Hyperbilirubinemia (jaundice requiring exchange transfusion)
- Bacterial meningitis
- Severe asphyxia (Apgar score of 5 or less at 5 minutes)
- Hydrocephalus
- Ototoxic drugs
- ECMO
- Pulmonary hypertension
- Trisomy 21 (Down Syndrome)
- CHARGE association
- Head trauma
- Syndrome _____
- Other conditions _____

Has your child ever been seen by a specialist or physician other than his/her pediatrician?

Yes No

If yes, who? _____ When? _____

Outcome: _____

Has your child had any unusual illnesses or hospitalizations? Yes No

If yes, please describe _____

Has your child's hearing ever been tested? Yes No Date: _____

Does your child have current ear infections? Yes No

If yes, when was your child's last infection? _____

Has your child ever had tubes placed in his/her ears? Yes No

Is your child presently taking any medications? Yes No

If yes, what medication and the reason _____

Has your child's motor development progressed age appropriately? Yes No

At what age did you child sit alone? _____ Crawl? _____

Walk alone? _____

Describe your child's speech and language development: _____

Does your child have difficulty following directions? Yes No

Do you think your child hears adequately? Yes No

Please describe your child's hearing: Consistent Varies

Is your child sensitive to environmental sounds? Yes No

If yes, please describe _____

Has your child's speech and language been evaluated? Yes No

If yes, when? _____ By whom? _____

What were the results? _____

Is your child receiving any services or enrolled in any educational programs? Yes No

If yes, please explain: _____
