Pediatric Audiology Case History

Chinatown Hearing Center
57B Mott Street New York NY 10013
(917) 810-4888

Child's Name: _____ Date of Birth: _____ Age: _____

Person Completing Form/Relationship: _____

Who recommended this evaluation? _____

Reason for evaluation: _____

Developmental/Medical/Family History – *Please indicate if your child has experienced any of the following:*

_____ Premature Birth
_____ Problems before, during, after Birth
_____ Hyperbilirubinemia/Jaundice
_____ Bacterial Meningitis
_____ Congenital or Perinatal Infections
_____ Asphyxia/Lack of Oxygen at Birth
_____ NICU Stay of more than 5 Days
_____ Mechanical Ventilation
_____ Head of Neck Abnormalities
_____ Fetal Alcohol Syndrome
_____ Delays in Development
_____ Sensory Integration Issues
_____ Has a Syndrome
_____ Adopted/Foster Child – History Unknown
_____ Serious Illness or Accidents
_____ Ear Infections
_____ Ear Tubes
_____ Allergies
_____ Autism Spectrum Disorder
_____ ADHD

_____ Family History of Hearing Loss *(Describe)*_____

_____ Speech-Language Problems *(Describe)* _____

_____ Known Hearing Problems: _____ Right Ear _____ Left Ear _____ Both Ears

_____ Wears Hearing Aid(s): _____ Right Ear _____ Left Ear _____ Both Ears

*Previous Hearing Testing Completed at:*_____

Educational Information: Grade: _____ (Pre-)School: _____

Is your child classified? _____ No _____ Yes What educational classification? _____

_____ 504 Accommodations? *Please list services*_____

_____ IEP? *Please list services*_____

Behaviors and Characteristics - *Please indicate if your child exhibits any of the following:*

_____ Sensitive to loud sounds
_____ Appears confused in noisy places
_____ Easily upset in new situations
_____ Difficulty following directions
_____ Easily frustrated
_____ Reading problems
_____ Spelling problems
_____ Short attention span
_____ Impulsive or Restless
_____ Easily distracted
_____ Daydreams
_____ Tires easily
_____ Difficulty expressing ideas
_____ Problems with speech sound discrimination
_____ Forgetful
_____ Asks for repetition; Says "Huh? Or What?"
_____ Disruptive or Rowdy
_____ Temper Tantrums
_____ Difficulty learning new concepts
_____ Difficulty with word meanings

Additional Information for the audiologist: _____

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