Hearing Healthcare of Havasu

Pediatric Case History Form

Please fill in all the information as accurately as possible. The confidential information you provide will assist in formulating a complete profile. .

Patient Name _____ Date of Birth _____ Date _____

Name of person completing form _____ Relation to patient _____

Hearing/Ear and Medical History

Reason for today's visit _____

Last hearing exam - Date _____ Clinic/Provider Name _____

Does your child appear to have difficulty hearing? ▢Yes ▢No

How long have you noticed a change in his/her hearing? _____

Was he/she referred due to not passing a hearing screening? ▢Yes ▢No If so, where and when was it performed?_____

Does he/she have a history of middle ear infections? ▢Yes ▢No If so, when was the last one? _____ Has he/she been seen by an ear, nose, and throat (ENT) physician? ▢Yes ▢No

Does he/she have a history of ear surgery (e.g., pressure equalization (PE) tubes)? ▢Yes ▢No

Have you noticed any tugging of the ears or known of any recent ear pain? ▢Yes ▢No

Does he/she have sinus or allergies? ▢Yes ▢No

Has he/she had any recent colds? ▢Yes ▢No If so, when? _____

Is there any family history of permanent childhood hearing loss? ▢Yes ▢No If so, please explain _____

Were there any complications during the pregnancy of delivery? ▢Yes ▢No If so, please explain _____

Has he/she met developmental milestones appropriately for his age? (e.g. sitting, walking, talking, etc.) ▢Yes ▢No If not, please explain _____

Does he/she have any other diagnosed comorbidities? (e.g. auditory processing disorder, dyslexia attention deficit disorder/ hyperactivity,) ▢Yes ▢No If so, please explain _____

Is he/she receiving any services (e.g. therapies or home-based education)? ▢Yes ▢No

Is his/her academic performance concerning? ▢Yes ▢No Why? _____

Does he/she have any special accommodations? ▢Yes ▢No What/Why? _____