

Pediatric Hearing Health Assessment

TO BE COMPLETED BY PARENT/GUARDIAN

Patient Name _____ Sex _____ Date _____ / _____ / _____
First Last MI MM DD YYYY

Parent/Guardian Name _____ Relationship to Patient _____
First Last MI

Main concerns / reason for referral: _____

HEARING HISTORY

Are you concerned about your child's hearing? Yes No

If yes, for how long have you been concerned? _____

Has your child's hearing ever been tested? Yes No If yes, when was his/her last test? _____

Is your child responding to speech/environmental sounds? Yes No

If no, please explain _____

Have hearing aids or other hearing devices ever been recommended for your child? Yes No

Is there a family history of childhood hearing loss? Yes No If yes, explain: _____

SPEECH DEVELOPMENT

Do you have any concerns regarding your child's speech and language development? Yes No

If yes, explain: _____

How many intelligible words does your child have? _____

Is your child combining words in sentences and phrases? _____

Does your child follow simple directions? _____

How do you feel about your child's overall development? _____

PREGNANCY QUESTIONS

Was your child carried to full term (38 – 40 weeks)? Yes No, _____ weeks

Were there any complications during pregnancy? Yes No

If yes, please explain _____

Was your child admitted to the NICU for longer than 5 days? Yes No

Medications at birth? Yes No If yes, please list: _____

Jaundice? Yes No If yes, how was it treated? _____

Did your child pass his/her newborn hearing screening? Right ear Left ear Both ears

HEALTH QUESTIONS

Has your child been diagnosed with any medical conditions? _____

Is your child currently taking any medications? _____

Has your child had any ear infections? Yes No If yes, how many? _____ Last episode? _____

Has your child had PE tubes? Yes No If yes, when did he/she receive them? _____ How many sets? _____

Has your child had any ear injuries or head trauma? Yes No If yes, explain: _____

Has your child had any eye/dental exams? Yes No Concerns? _____

Is there a family history of disease? Yes No If yes, explain: _____

Do you have any additional information that we should know? _____

How did you find out about us?

Advertisement

Insurance

Referred by Patient

Referred by Physician

Health Fair

Other health organization

Internet/Website

Other _____