College of Health and Behavioral Studies

Communication Sciences and Disorders
JMU Audiology Clinic
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PEDIATRIC AUDIOLOGIC CASE HISTORY

The information you provide will enable us to have a better understanding of your concerns and will expedite the process of the speech/hearing evaluation. All material and information is kept in strict confidence.

PATIENT INFORMATION

Date:_____ License Plate # (to issue parking pass)_____

Patient's Name: _____
First Middle Last

Date of Birth: _____ Age: _____ M ☐ F ☐

Address: _____

_____

Parent /Guardian's Name: _____
First Middle Last

Caregiver's Name (if different than above): _____
First Middle Last

Telephone:_____ Email(please print)_____

Referred by:_____

MEDICAL INFORMATION

1. What is your main concern about your child's hearing?

_____
_____
_____

2. List any prior ear problems / surgeries:

_____
_____
_____

3. Does your children have or recently had (check all that apply):

☐ Difficulty hearing ☐ Ear Pain ☐ Ear Drainage ☐ Ear Ringing ☐ Itchy Ears ☐ PE Tubes

4. Did your child have a newborn hearing screening at birth? ☐ Yes ☐ No ☐ I don't know

5. Were you informed of the results of the newborn hearing screening? ☐ Yes ☐ No

PEDIATRIC HISTORY

Pregnancy:

1. Injury or disease of mother during pregnancy? ☐ Yes ☐ No
2. Toxemia? ☐ Yes ☐ No
3. Maternal seizure disorder? ☐ Yes ☐ No
4. Maternal alcohol abuse? ☐ Yes ☐ No
5. Maternal drug abuse? ☐ Yes ☐ No
6. Other _____

Delivery:

1. Were there any complications during labor and/or delivery? ☐ Yes ☐ No
2. If yes, please explain.
   _____
   _____

Family History:

1. Speech/Language problems? ☐ Yes ☐ No
2. Hearing Problems? ☐ Yes ☐ No
3. Other _____

Illnesses:

1. Has your child had any serious illnesses or injuries? ☐ Yes ☐ No
   If yes, please provide details: _____
   _____
   _____

Medications:

1. List any medications your child takes on a routine basis _____
   _____

Allergies:

1. List any allergies your child has: _____
   _____

Immunizations:

1. Is your child up-to-date on their immunizations? ☐ Yes ☐ No

Comments ____