

PEDIATRIC CASE HISTORY

Child's Name: _____ Date: _____

Parent/Caregiver Name: _____

1. What is the **primary** purpose of today's visit?

- Hearing Concerns Speech/language concerns
 Other: _____

2. Has your child recently experienced any of the following?

- Sudden change in hearing Ear pain
 Ear infection Ear pressure/fullness
 Ear drainage Other: _____

3. Has your child been treated for any **medical issues involving his/her ear(s)**?

- Yes If so, please describe: _____
 No

4. Does your child have any **significant health problems**?

- Yes If so, please describe: _____
 No

5. Does your child currently have any **speech and/or language problems**, or has one ever been diagnosed in the past?

- Yes If so, please describe: _____
 No

6. Did your child pass his/her **newborn hearing screening**?

- Yes
 No

7. Were there any **complications during pregnancy or at birth**?

- Yes If so, please describe: _____
 No

8. Does your child have any of the following **risk factors**?

- Caregiver concern regarding hearing, speech, or developmental delay
 Family history of a permanent childhood hearing loss
 Neonatal Intensive Care Unit (NICU) stay of more than 5 days
 Extracorporeal membrane oxygenation
 Assisted ventilation
 Hyperbilirubinemia requiring blood transfusion
 Exposure to ototoxic medications (gentimycin, tobramycin, etc.)
 Exposure to loop diuretic medications (furosemide, Lasix, etc.)
 In utero infections (cytomegalovirus, herpes, rubella, syphilis, toxoplasmosis, etc.)
 Craniofacial abnormalities
 Physical findings associated with a permanent hearing status that affects speech-language skills
 Neurodegenerative disorders (Hunter syndrome, Friedrich's Ataxia, Charcot-Marie-Tooth disease)

- Culture-positive postnatal infection (meningitis)
- Head trauma requiring hospitalization
- Chemotherapy

9. Is there a family history of hearing loss?

- Yes If so, please describe: _____
- No

10. Were all developmental milestones met on time?

- Yes
- No If so, please describe: _____

11. Are there any concerns in school?

- Yes If so, please describe: _____
- No

12. Is there else we should be aware of? _____
