

## 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_