CONSTANCE BROWN HEARING CENTERS
PEDIATRIC CASE HISTORY

Date	**PATIENT INFORMATION**	CBHC#
Name	Birth Date	Age
Hospital of Birth		
PURPOSE OF VISIT		

REFERRED BY		**MEDICATIONS**
Parent/Guardian		
Primary Care Physician		
School		
Other (please list)		

RISK INDICATORS	**YES**	**NO**
Family history of permanent childhood hearing loss?		
Parent/Guardian concern regarding hearing, speech, language or developmental delay?		
Was child in neonatal intensive care for more than 5 days?		
Birth history of any of the following: assisted ventilation, blood transfusion, medications to treat infections?		
In utero infections such as: CMV, herpes, rubella, syphilis, or toxoplasmosis?		
Ear or head abnormalities?		
Diagnosis of neurofibromatosis, osteoporosis?		
Diagnosis of Waardenburg, Alport, Pendred or Jervell and Lange-Nielson syndromes?		
Diagonsis of Hunter syndrome, Friedreich Ataxia or Charcot-Marie-Tooth syndrome?		
Postnatal culture positive infections such as bacterial or viral meningitis?		
Head trauma requiring hospitalization?		
Chemotherapy?		
HEARING HEALTH / DEVELOPMENTAL HISTORY	**YES**	**NO**
Ear infections or ear disorders?		
Ear surgery?		
Type of procedure(s):		
Date of procedure(s):		
Speech therapy?		
Age at time of therapy:		
Has child repeated any grades? Grade(s) repeated:		
Early developmental milestones on target? (sit, crawl, roll over, walk, first word)		
Premature birth history?		
HEARING TESTING HISTORY	**YES**	**NO**
Newborn hearing screening		
Results:		
Previous hearing testing		
Results:		

DO YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR CHILD'S HEARING?