

**CONSTANCE BROWN HEARING CENTERS
PEDIATRIC CASE HISTORY**

Date	PATIENT INFORMATION		CBHC#
Name	Birth Date		Age
Hospital / Place of Birth			
RISK INDICATORS			YES NO
Is there a family history of hearing loss in childhood or early adulthood?			_____
Was your child born full term?			_____
Did your child spend any time in the NICU after birth?			_____
Was there any infection or virus affecting mother or baby during pregnancy?			_____
Were any of the following present at the time of birth or immediately following birth?			
	YES	NO	
Birth defect	_____	_____	Low APGAR score
Breathing difficulties	_____	_____	Medications given to the infant
Cleft lip / cleft palate	_____	_____	Positive for CMV
Jaundice / yellow	_____	_____	
Has your child had any of the following health/ medical problems?			
	YES	NO	
ADD/ADHD	_____	_____	Genetic disorder/ syndrome
Allergies	_____	_____	Head trauma
Autism	_____	_____	Heart problems
Balance difficulties	_____	_____	Kidney problems
Cancer	_____	_____	Meningitis
Ear infections	_____	_____	Seizures
HEARING HEALTH / DEVELOPMENTAL HISTORY			YES NO
Do you have concerns regarding your child's hearing?			_____
Does your child currently wear a hearing aid or cochlear implant?			_____
Has your child had ear surgery?			_____
Type of procedure(s): _____			
Date of procedure(s): _____			
Do you have concerns regarding your child's speech and language development?			_____
Is your child currently receiving speech, occupational, or physical therapy?			_____
Early developmental milestones on target? (sit, crawl, roll over, walk, first word)			_____
HEARING TESTING HISTORY			YES NO
Did your child pass the newborn hearing screenings?			_____
Has your child had any additional hearing tests?			_____
Results (specify): _____			
EDUCATIONAL HISTORY			YES NO
Has your child repeated any grades?			_____
Does your child currently receive school-based special services?			_____
Does your child have difficulty concentrating or paying attention in school?			_____
LIST MEDICATIONS YOUR CHILD IS CURRENTLY TAKING			

