Audiology and Hearing Services

6512 Centurion Dr., Suite 340
Lansing, MI 48917
(517) 323-6222

Pediatric Hearing History

Name:__________________________________ Age:_____ Date of Birth ____________________

Address ____ Telephone __________________

___ Male ___ Female Referred by:____

What is your reason for coming to Audiology and Hearing Services today?____________________
____
____
Do you think your child has a hearing problem?____
How old was your child when you first noticed a loss of hearing? ____________________________
Has your child's hearing been tested before? _____________ Where?__________________________
Which ear has the hearing loss? _____ Left _____ Right, Earaches? ____ Yes ____ No
When did you last consult a doctor about their ears? ___________ Doctor's name? ______________
Any medical treatment for ears?____
Has your child had ear surgery ___ Yes ___ No Does child have drainage from ears? ___ Yes ___ No

Has your child experienced any dizziness? ____
Does your child complain of any ringing or other noise in their ears? ____________________________
Is your child taking medications? ____

Does your child have any other associated disability? ____
Was child's birth history normal?____
Did your child ever have meningitis?____________________ At what age?_____________________

Is there any family history of hearing problems in early childhood? ____ Yes ____ No Please list
____

At what age did your child babble? __________________ First word?_____________________
Does your child use speech frequently, occasionally, seldom or never?_______________________

Has your child ever been evaluated by a Speech-Language Pathologist? ______________________
When?_________________ Where?____

How did you hear about our services?

______ Doctor Referral ______ Yellow Pages/Phone listing _______ TV
______ Advertisement ______ Previous Patient _______ Website