

# Child Case History

Date of Visit \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent's Name \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## GENERAL INFORMATION

What is your primary concern? \_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_

Has your child's hearing ever been tested before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what were the results? \_\_\_\_\_

Current Physician \_\_\_\_\_ Phone number \_\_\_\_\_

## HEALTH HISTORY

Has your child had bacterial meningitis, or other infections? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has your child ever had repeated ear infections? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had pressure equalization tubes? \_\_\_\_\_

Has your child ever taken medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does anyone in your family have a hearing loss or speech problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is their relation to your child? \_\_\_\_\_

Your child's general health is Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

## DEVELOPMENTAL HISTORY

Primary language spoken at home \_\_\_\_\_

Please check all that apply; Does your child respond appropriately to:

\_\_\_\_\_ His name when called

\_\_\_\_\_ Questions

\_\_\_\_\_ Favorite TV programs or movies

\_\_\_\_\_ Commands or requests

\_\_\_\_\_ Startle to sound while resting

\_\_\_\_\_ The direction sounds come from

**Please check all that apply: My child has been diagnosed with:**

\_\_\_\_\_ **Attention Deficit Disorder**

\_\_\_\_\_ **Muscular Dystrophy**

\_\_\_\_\_ **Developmental Delay**

\_\_\_\_\_ **Speech/Language Delay**

\_\_\_\_\_ **Down's Syndrome**

\_\_\_\_\_ **Learning Disability**

\_\_\_\_\_ **Autism**

\_\_\_\_\_ **Cerebral Palsy**

\_\_\_\_\_ **Vision Problems**

\_\_\_\_\_ **Other (Please Explain)**

### **EDUCATION/AMPLIFICATION HISTORY**

**School name and address** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Teacher's name** \_\_\_\_\_

**Has your child ever repeated a grade? Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**Has your child ever been placed in special education? Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

**Has your child ever received hearing/speech/language services? Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**Has your child ever had a hearing aid? Yes**\_\_\_\_\_ **No**\_\_\_\_\_