SHA
Sumter Hearing Associates
Quality. Education. Commitment.

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Pediatric Case History

Patient's name:_____ DOB: _____ Date: _____
Mother's name: _____ Father's name: _____
Primary Care Physician: _____ Referral Source:_____

MEDICAL HISTORY: If any yes below- please specify

Pregnancy: Yes No Did birth mother have complications? _____

Yes No Did birth mother use drugs or alcohol during the pregnancy?

Birth: _____ Full term ____ Premature: _____weeks gestation Birth weight: _____

Yes No Child complications at birth? _____

Yes No Was the child jaundiced at birth? _____

Vision: _____ Normal ____ Impaired

Yes No Developmental delays? _____

Yes No Does the child receive physical/occupational therapy? _____

Yes No Diagnosis of a syndrome or any other medical condition[s]?_____

Yes No Hospitalizations? _____

Check all that apply:

_____ Measles _____ Mumps _____ Heart problems _____ Low APGAR score
_____ CMV _____ Head injury _____ Scarlet fever _____ Kidney problems
_____ Meningitis _____ Seizure[s] _____ High fever[s] _____ Allergies

Otologic History: _____ Ear pain ____ Ear infections/drainage, # of episodes:_____ Last episode: _____

Yes No PE tubes: [# of sets, when placed]:_____

Hearing History: Birth hospital: _____ Newborn hearing screening ____ Pass _____Fail

Yes No Prior hearing tests [besides newborn screening]:_____

Yes No Parental concerns of a hearing loss? _____

Yes No Family history of early onset hearing loss? _____

Auditory Behavior:

Yes No Startles to loud sound? Yes No Turns to speech/sound?
Yes No Awakens to loud sound? Yes No Follows simple commands?
Yes No Quiets to speech/music?

Speech and Language:

Is your child: ____cooing ____babbling ____using single words ____ phrases ____sentences

Yes No Intelligible? Number of words:_____ Age at first word: _____

Yes No Has your child had a speech/language evaluation? _____

Yes No Is your child receiving speech/language therapy? [location, how often]_____

School information:

Yes No Does your child attend daycare? _____

Name of the school child attends: _____

School District: _____

Grade/Teacher: _____

School Performance: _____