

The SPEECH AND HEARING CENTER
600 NORTH HOLTZCLAW AVENUE, SUITE 200
CHATTANOOGA, TENNESSEE 37404-1240 TELEPHONE 423-622-6900
CHILD HEARING CASE HISTORY

Child's Name _____ Date of Birth _____

Person answering these questions: _____ Relationship to Child: _____

Who referred you to The Speech and Hearing Center? _____ Today's Date: _____

Name of Child's Pediatrician _____

Please Check "YES" or "NO" to the following Questions

YES NO

Has the child had any problems with ear infections? Number of infections per year _____

Has there been any drainage from the ears?

Check All that apply: Frequent colds Tonsillitis Tonsils or adenoids removed

Convulsions or seizures Meningitis Measles Mumps Heart Problems

Encephalitis Chicken pox High Fever Diabetes

YES NO

Has the child ever had tubes? Number of sets _____

Ear surgery? Date of surgery(s) _____

Was the child full-term?

Did the child's mother have any kind of illness or medical problems during her pregnancy?

If Yes Please Describe: _____

Did the child's mother take any medications during her pregnancy?

If Yes Please List Medications: _____

Was the child born with or has the child developed any medical problems?

If Yes Please
Describe: _____

Does the child have a speech problem?

Please Describe: _____

Does the child have a hearing problem?

Please Describe: _____

Do any of the child's family members have a hearing problem?

If Yes Please Describe: _____

YES NO

Do any family members wear hearing aids?

If Yes Please Describe: _____

Does the child wear a hearing aid(s)?

Does the child frequently turn the TV or radio too loud?

Does the child frequently ask for things to be repeated?

Does the child seem inattentive or withdrawn at home or school?

Answer the following questions if the child is of school-age.

YES NO

Is the child having problems with his/her schoolwork?

Are there any problems with spelling, phonics, or English?

Is the child able to hear when there is background noise?

Is the child able to discriminate between words?

Is the child able to discriminate words in a noisy environment?

Is the child able to remember a series of numbers, words, or sentences in order?

Is the child able to correctly follow a series of oral directions?

Does the child confuse the order of words or syllables, such as saying "cakecup" for "cupcake"?

Is the child able to remember the alphabet, days of the week, months of the year, etc.?

Answer the following questions if the child is four years of age or under.

YES NO

When the child is sleeping, do sudden noises awaken him/her momentarily?

Does the child cry at very loud noises?

Does the child ever jump to sudden loud noises?

Did the child babble around 5 or 6 months of age?

Did the child turn directly to sounds or voices that were out of his/her sight at 7 months of age?

Did the child look for sounds behind him/her at 13 months of age?

Did the child begin to imitate some sounds at 9 to 13 months of age?

Does the child hear you when you call from another room?