

**PEDIATRIC BACKGROUND INFORMATION**

Appt. Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name (s): Mother \_\_\_\_\_ Father: \_\_\_\_\_

Siblings (sex and age): \_\_\_\_\_

Referred by: \_\_\_\_\_ Child's Physician: \_\_\_\_\_

Why are you bringing this child to see us? \_\_\_\_\_

Do you think this child has a hearing problem? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How does this child function in a playgroup, preschool, or school environment? Are there any social or learning issues you or the child's teacher are concerned about? \_\_\_\_\_

Is the child in an early intervention program? If yes, where? What therapy? How often? \_\_\_\_\_

Please list support services the child is receiving, if any: \_\_\_\_\_

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING:**

Allergies: \_\_\_\_\_ Ear infections: \_\_\_\_\_ If yes, a) Treatment \_\_\_\_\_  
b) How many per year \_\_\_\_\_

Myringotomy and/or ventilating tubes \_\_\_\_\_ Date: \_\_\_\_\_ Which ear? \_\_\_\_\_

High fevers \_\_\_\_\_ If yes, explain \_\_\_\_\_

Frequent colds \_\_\_\_\_ Serious illnesses \_\_\_\_\_

Is there a history of hearing loss in either parent's family? \_\_\_\_\_

Has the child ever been examined by any of the following? If so, when and why?

Ear, Nose and Throat Physician \_\_\_\_\_

Neurologist \_\_\_\_\_

Audiologist \_\_\_\_\_

Speech Language Pathologist \_\_\_\_\_

**BIRTH HISTORY:**

Was pregnancy with this child full term? \_\_\_\_\_

Did the mother have any illnesses during pregnancy? \_\_\_\_\_

Were there any complications with birth or delivery? \_\_\_\_\_

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In what city/state/location was the child born? \_\_\_\_\_

Did the child pass their newborn hearing screening in both ears? \_\_\_\_\_

Was the child in the Neonatal Intensive Care Unit (NICU) following birth? \_\_\_\_\_

**DEVELOPMENTAL MILESTONES:**

At what age did the child do the following? (give approximate age)

Held head up \_\_\_\_\_ Sat alone \_\_\_\_\_ Rolled over \_\_\_\_\_ Crawled \_\_\_\_\_ Walked independently \_\_\_\_\_

Do you feel the child's coordination is the same as other children his/her age? \_\_\_\_\_

**SPEECH AND HEARING HISTORY:**

As a baby, did the child respond to sounds even when he/she could not see the source of the sound? \_\_\_\_\_ Respond to speech? \_\_\_\_\_ Startle to loud sounds? \_\_\_\_\_

Did the child babble and coo as much as most babies? \_\_\_\_\_ Did he/she cry excessively? \_\_\_\_\_

Was the child a very quiet baby? \_\_\_\_\_

Does your child consistently respond to sound and speech now? \_\_\_\_\_

Do loud sounds appear to really bother the child? \_\_\_\_\_

Does your child appear to have an ear preference? \_\_\_\_\_ Which one? \_\_\_\_\_

How old was the child when he/she began to say words? \_\_\_\_\_ Put 2 to 3 words together? \_\_\_\_\_

When did he/she begin to use complete sentences? \_\_\_\_\_

Did he/she acquire speech and then stop talking? \_\_\_\_\_ Does the child engage in conversation? \_\_\_\_\_

Does the child use gestures to express needs and wants? \_\_\_\_\_ How often? \_\_\_\_\_

Does the child use language to express needs and wants? \_\_\_\_\_ How often? \_\_\_\_\_

Do parents understand his/her speech? \_\_\_\_\_ Do other adults understand him/her? \_\_\_\_\_

Do playmates tease the child about his/her speech? \_\_\_\_\_

Is the child's voice too soft? \_\_\_\_\_ Too loud? \_\_\_\_\_ Hoarse? \_\_\_\_\_ Nasal? \_\_\_\_\_

Have parents done anything to help the child with speech/language? \_\_\_\_\_

Explain: \_\_\_\_\_

Is the child's vocabulary similar to other children his/her age? \_\_\_\_\_

**PLEASE WRITE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL FOR US TO KNOW ABOUT YOUR CHILD**

\_\_\_\_\_  
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