Salem Audiology Clinic, Inc.

3857 – 16C Wolverine Street NE, Salem, OR 97305 (503) 588-1039
2200 Country Club Court, Suite E, Woodburn, OR 97071 (503) 981-8575
www.salemaudiologyclinic.com

PEDIATRIC CASE HISTORY

Child's Name: _____ Date of Birth: _____ Date: _____

Parent/Guardian Names: _____ Guardian SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Guardian Employer: _____ Work Phone: _____

Child's Physician: _____ Referred By: _____

* * All contact information will be used strictly for issues related to today's visit and any necessary future contact. It will not be disclosed to outside sources beyond the scope of our patient privacy policy. Your initials: _____

What is your main concern or reason for today's visit? _____

_____

CHILD'S HEARING HISTORY

(Please circle appropriate answer and provide further information where necessary.)

Did your child pass his/her newborn hearing screening? Yes No

If no, which ear or both? _____

Any previous hearing tests? Yes No

If yes, where and what were the results? _____

MOTHER'S PREGNANCY HISTORY FOR THIS CHILD

Length of pregnancy: _____ Drug/alcohol use (specify): _____

Infections (Rubella, CMV, Herpes, Toxoplasmosis)? _____

Medications (specify): _____ Any complications? _____

CHILD'S BIRTH HISTORY

Normal with no complications? Yes No If no, specify complications: _____

Low birthweight (below 3.3 pounds/1500 grams)? Yes No

Breathing problems? Yes No (specify)_____

Jaundice requiring blood transfusion? Yes No _____

Birth defects? Yes No (specify) _____

CHILD'S MEDICAL HISTORY

Family history of hearing loss? Yes No If yes, who? _____

Has your child had any ear infections? Yes No If yes, most recent: _____

Has your child had any ear surgery (PE tubes, etc.)? Yes No (specify)_____

Medical problems? Yes No (specify) _____

Balance problems? Yes No (specify) _____

Please describe your child's responsiveness to sound: _____

Any speech or language concerns? Yes No (specify) _____

Any educational concerns or problems? Yes No (specify) _____

Name of school: _____

Other significant information: _____

_____