

REHDER HEARING CLINIC, INC.

Child Audiological Case History

Who referred your child here? _____ Child's Doctor _____ Child's School _____

Describe your child's present problem (reason for visit)

When problem was first noticed? _____ By whom? _____

Please list any other agencies, clinics or professionals you have consulted about this problem:

Please list any problems related to the pregnancy or birth:

Please check any of the following illnesses your child has had:

Measles Mumps Chicken Pox Scarlet Fever Meningitis Very High Fever Seizures Head Injury Pneumonia

Please list any other major medical conditions or problems related to the child's health and development:

Has your child ever had or complained of any of the following?

Frequent ear infections _____ Fluid drainage from ears _____ Plugged or full sensation in ears _____ Ear pain _____

Has your child ever been to a medical ear specialist (ENT)? _____ If yes, who? _____

Has your child ever had ear surgery? _____ If yes, which ear? R L When? _____ By Whom? _____

Is there a family history of hearing problems? _____ If yes, explain _____

Does your child seem to favor one ear? _____ If yes, which ear? R L Has your child ever been exposed to very loud noise? _____

If your child is in school, are there concerns about academic performance? _____ If yes, explain _____

How would you describe your child's speech/language development? _____

Please list any other information about your child's communication that is of concern to you: _____

Please list any professionals or agencies you would like us to inform about the results of this evaluation.

Signature _____ (Name of Child) _____ Date _____

This signature authorizes direct payment to Rehder Hearing Clinic and gives authorization to release records to the above schools and agencies.

ADDITIONAL COMMENTS: