

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:

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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: