

REHDER HEARING CLINIC

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)? Yes No If yes, who? _____

Has your child ever had ear surgery? Yes No If yes, which ear? Right Left
When? _____ By Whom? _____

Is there a family history of hearing problems? Yes No If yes, explain _____

Does your child seem to favor one ear? Yes No If yes, which ear? Right Left

Has your child ever been exposed to very loud noise? Yes No

If your child is in school, are there concerns about academic performance? Yes No 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.