College of Health and Human Services
School of Speech, Language, and Hearing Sciences

Audiology Clinic
5500 Campanile Drive
San Diego, CA 92182-1518
Office: 619-594-7747 FAX: 619-594-7109

Pediatric Hearing Information Form

Date of Application:_____

Child's Name: _____ Date of Birth:_____

Parent / Guardian's name(s)_____

Address: _____
(number, street) (city) (zip code)

Work Phone: _____ Cell Phone: _____ Email:_____
☐ Okay to email

Is the above applicant a Medicare recipient? ☐ Yes ☐ No

Referring Physician: _____

Physician's Address:_____

Reason for today's visit:_____

_____

Birth History

Length of pregnancy:_____ Child's birth weight_____

Did the child leave the hospital with the mother? Yes / No. If No, please explain:_____

_____

Please check any of the following conditions which were present at the time of the child's birth:

☐ Jaundice	☐ Breathing Difficulty	☐ Syphilis
☐ Herpes	☐ Toxoplasmosis	☐ Cytomegalovirus (CMV)
☐ Rubella	☐ Blood Transfusion	☐ Head/Neck Defects

Medical History

Please provide the approximate ages at which your child experienced any of the following:

Ear surgery / pressure equalization (PE) tubes:_____ Allergies:_____
Ear infections:_____ Colds / Flu:_____ Dizziness:_____
Tinnitus:_____ Measles:_____ Mumps:_____
High fevers:_____ Meningitis:_____ Head injury:_____
Seizures:_____ Other:_____

Has your child been diagnosed with a syndrome? Yes / No. If yes, please explain:_____

_____

Has your child ever been hospitalized? Yes / No. If yes, please explain:_____

_____

Please list the names of any medications your child is taking:_____

_____

Hearing History

Do you suspect your child has a hearing loss? Yes / No.

If yes, how long have you noticed a problem?_____

_____

Briefly describe:_____

_____

Does anyone in the family have a hearing loss? Yes / No. If yes, who?_____

Has your child ever had a hearing test? Yes / No. If yes, when and where?_____

_____

Are you concerned about your child's speech and language development? Yes / No

Briefly describe:_____

_____

Other Information

Please check any of the following evaluations your child has received:

☐ Developmental ☐ Educational ☐Psychological

☐ Speech and Language ☐ Other:_____

Does your child attend daycare or school? Yes / No. Grade:_____

How would you rate your child's academic performance?_____

Name of school:_____ City_____

In the space below, please provide any other information you feel we should know:_____

_____

_____