Patient Name:_____   **Date**: //

1. Reason for Evaluation:_____

2. How long have you noticed this difficulty? _____

3. Do you think his/her hearing changes or fluctuates? ❒ Yes   ❒ No (❒ Gradual   ❒ Sudden)

4. Were there any complications during pregnancy and birth?_____

5. Were any of the following present at birth or during the first 2 months? ❒ Yes   ❒ No
       If so, please mark all that apply:
       ❒ Extended stay in hosp. ❒ birth wt < 5lbs.   ❒ Prematurity   ❒ Infections at birth
       ❒ Physical deformities   ❒ jaundice   ❒ Poor weight gain ❒ Difficulty breathing:

6. Do s/he have any of the following symptoms?   ❒ Deformity of the ear   ❒ Drainage of the ear
       ❒ Sudden or rapid loss within the past 90 days ❒ Ear pain

7. Has your child had a hearing test? ❒ Yes ❒ No If so, when was your last test? _____

8. Have s/he seen an Ear, Nose and Throat Physician? ❒ Yes   ❒ No If so, who did s/he see?

_____ When? _____

9. Have s/he ever had ear surgery? ❒ Yes ❒ No Type? _____

10. Do you have any concerns about his/her speech and language development? _____

11. Does s/he receive any special services, including speech or other therapies?_____

12. Is there a history of hearing loss in your family? ❒ Yes ❒ No If so, who? _____

13. Have s/he ever have ear infections? ❒ Yes ❒ No If yes, when was the most recent?_____

14. Do s/he take any prescription medications on a regular basis? Please list:
        Medication: _____ For: _____
        Medication: _____ For: _____

15. Please check any of the following that s/he currently have or have had in the past:
        ❒ High fever   ❒ Tonsillitis   ❒ Measles   ❒ CMV
        ❒ Convulsions/seizures ❒ sinusitis   ❒ Meningitis   ❒ Genetic disorder
        ❒ Heart trouble   ❒ Allergies   ❒ Mumps   ❒ Other
        ❒ Diabetes   ❒ Pneumonia   ❒ Neurological Symptoms
        ❒ Head or ear Injury ❒ Encephalitis   ❒ Visual Trouble-Loss/Sight

16. School, grade and teacher?_____

17. Do you believe your child has any learning problems?_____

18. What questions would you like answered as a result of today's testing?_____

_____