BIRTH HISTORY: Was the baby full term? □ Yes □ No Was the pregnancy normal? □ Yes □ No

If no, please describe:_____

Was the birth: □ Spontaneous □ Induced □ Planned C-Section □ Unplanned C-Section

Did the child pass the hospital hearing screening? □ Yes □ No

MEDICAL HISTORY: Child's current medical condition? □ Poor □ Fair □ Good □ Excellent

Has your child experienced or exhibited:

□ Ear Surgery	□ Tubes in Ears	□ Ear Pain	□ Ear Infections
□ Dizziness	□ Frequent Colds	□ Pneumonia	□ Tonsillitis
□ Sensitivity to Sound	□ Head Injury	□ Seizures	□ Head Injury
□ Chicken Pox	□ Measles	□ Mumps	

Allergies? □ Yes □ No If yes: □ Suspected □ Diagnosed □ Treated

Family history of hearing loss: □ Yes □ No

If yes, who & age of onset? _____

ACADEMICS: Has the child ever failed or been held back? □ Yes □ No

If yes, please explain _____

Has the child every had a hearing test before? □ Yes □ No

If yes, describe results: _____

Do you believe your child's speech and language are developing normally? □ Yes □ No

Do you believe your child's physical ability is developing normally? □ Yes □ No

Does the child receive services now or in the past from any additional therapists or medical providers?
□ Yes □ No If yes, please describe:_____

_____

Is there any additional information that you believe might be helpful? If so, please describe below:

_____

_____

_____

Signature of Parent/Guardian: _____ Date: _____