The Hearing Center
ADVANCED AUDIOLOGY CONCEPTS
Dr. Jane M. Kukula

Pediatric History

Dr. Spisak

Name: _____ Date: _____ Audiologist: Dr. Kukula

DOB: _____ Age: _____ Weeks Gestation: _____ School: _____

Chief Concern: _____

Does your child have or has had any of the following?

	Yes	No	Please provide details
Diagnosed with Hearing loss	[ ]	[ ]	_____
Appears to not hear	[ ]	[ ]	_____
History of ear infections	[ ]	[ ]	_____
Complains of ear pain	[ ]	[ ]	_____
Has had ear surgery	[ ]	[ ]	_____
Speech/Language delay	[ ]	[ ]	_____
Other developmental delay	[ ]	[ ]	_____
Family history of hearing loss	[ ]	[ ]	_____
Other health problems	[ ]	[ ]	_____
Turns head to sound source	[ ]	[ ]	_____
Recognizes voices	[ ]	[ ]	_____
Startles to loud sound	[ ]	[ ]	_____
Can follow commands	[ ]	[ ]	_____
Can identify objects	[ ]	[ ]	_____
Birth Weight			_____
Low APGAR score	[ ]	[ ]	_____
NICU stay	[ ]	[ ]	_____
Oxygen administered at birth	[ ]	[ ]	_____
Jaundice	[ ]	[ ]	_____
Given antibiotics	[ ]	[ ]	_____
Passed hearing screening at birth	[ ]	[ ]	_____
Other issue/s at birth	[ ]	[ ]	_____
Good in reading	[ ]	[ ]	_____
Good in Math	[ ]	[ ]	_____
At risk for academic failure	[ ]	[ ]	_____
Normal socialization	[ ]	[ ]	_____
Teacher concerned	[ ]	[ ]	_____
Has an IEP/409 Plan	[ ]	[ ]	_____

OtherHistory/concerns_____

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