Alabama A & M University
Speech-Language-Hearing Clinic
P.O. Box 357
Normal, Alabama 35762
Phone: (256) 372-5534 or (256) 372-4044

AUDIOLOGY
CASE HISTORY FORM – CHILD

Child's Name _____ Sex _____

Birthdate _____ Age _____ Today's Date _____

Name by which your child is called _____

Address: _____ Home Phone _____

City _____ State _____ Zip _____ Cell phone _____

Parents:	Name	Age	Occupation	Education	Work #
Father	_____	____	_____	_____	_____
Mother	_____	____	_____	_____	_____

If address of either parent is different from that of child, please indicate:

_____

To what professional person(s) or agency (ies) do you want a report sent? Please include names of professionals and addresses: _____

_____

_____

For what reason was this hearing test arranged: _____

Has your child ever had a hearing test? ☐ Yes ☐ No

Do you have any concerns about your child's hearing? ☐ Yes ☐ No

Does your child seem to hear better on some days than others? ☐ Yes ☐ No

Does anyone in the family (sisters, brothers, aunts, grandparents, etc.) have a handicap or problem with language, learning, hearing, speech, etc? ☐ Yes ☐ No

Were there any complications during pregnancy or delivery? ☐ Yes ☐ No

Did your child pass a newborn hearing screening? ☐ Yes ☐ No

Were any of the following present after your child's birth or during the first two months?

- ☐ Stayed in hospital after mother
- ☐ Birth weight less than 5 lbs
- ☐ Did not respond to sounds or people
- ☐ Was in an incubator or isolette
- ☐ Premature
- ☐ Poor weight gain
- ☐ Appeared yellow
- ☐ Infections at birth
- ☐ Difficulty breathing
- ☐ High fever
- ☐ Physical deformities

What is your child's general health? Good Average Poor

Is your child taking any medication now? ☐ Yes ☐ No

Has your child ever been hospitalized? ☐ Yes ☐ No

Has your child experienced ear infections or other ear disorders? ☐ Yes ☐ No

Has your child had any ear surgery? ☐ Yes ☐ No

What illnesses has your child had?

- ☐ High fever
- ☐ Convulsions
- ☐ Measles
- ☐ Head or ear injury
- ☐ Encephalitis
- ☐ Meningitis
- ☐ Tonsillitis
- ☐ Dizziness
- ☐ Pneumonia
- ☐ Heart problems
- ☐ Rheumatic fever
- ☐ Allergies
- ☐ Asthma
- ☐ Other: _____

Has your child ever received speech therapy? ☐ Yes ☐ No

Do you have any concerns about your child's speech and language? ☐ Yes ☐ No

Do you have any concerns about your child's physical or mental development? ☐ Yes ☐ No

If your child attends school, has he or she repeated any grades? ☐ Yes ☐ No

Do you believe your child has any learning problems? ☐ Yes ☐ No

What questions would you like to have answered as a result of today's hearing test? _____

_____

_____