



Roseville Diagnostic Hearing Center

Please fill out form completely

Child Case History Form

Name: _____

Today's date: _____

Date of Birth: _____

Male [] Female []

Referred by: _____

Reason for referral? _____

Please circle YES or NO and provide details if your answer is "Yes"

Yes No Does your child have an inconsistent response to sounds? _____

Yes No Did your child have any previous hearing test? When? _____ Where? _____
What were the results of the hearing test? _____

Yes No Has your child had serious hospitalization/illness? _____

Yes No Was pregnancy/delivery uncomplicated? If complicated please describe: _____

Yes No Does your child have a high risk of hearing loss due to medical condition? _____

Yes No Did your child have any injuries that could affect his/her hearing? _____

Yes No Did your child have any high fevers? _____

Yes No Is there a family history of hearing loss? Relationship to child _____

Yes No Does your child have a history of ear infections? What age? _____ How Many? _____

Yes No Were these ear infection(s) treated? Describe form of treatment _____

Yes No Did he/she have Pressure Equalization Tubes (PE tubes)? When? _____ How many sets? _____

Yes No Does your child have speech/language delay? Age of first Words _____
Age of first Sentences _____

Yes No Has child been in speech therapy? _____ If yes, at what age? _____

Yes No Is your child's general developmental milestones normal? Walked at what age? _____

Yes No Is your child well coordinated? _____

Yes No Does your child wear hearing aid(s)? What age? _____

Yes No Is your child on any current medications? List medications _____

Yes No Do you understand what your child is saying? _____

Yes No Does your child follow directions? _____

Yes No Does your child have difficulties hearing in the classroom? _____

Yes No Does your child receive any special services at school? _____

School placement: _____

Communication Skills: _____ Primarily uses sign language _____ Primarily speaks _____ Signs & Speaks

Additional Comments: _____

Form Completed by: _____

Relationship to Child: _____