

CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language, and Hearing Clinic

Audiology Case History – Child

Name _____ DOB _____ Gender _____

Address _____ Phone _____

Parent's Name _____

Referral Source _____ Physician _____

Do you suspect your child has hearing difficulties? _____ Which ear? _____

Explain: _____

What do you think caused the problem? _____

AUDIOLOGICAL HISTORY

Has your child ever had a hearing evaluation? _____ Where and when? _____

Has your child ever tried hearing aids? _____ What type? _____ Which ear(s)? _____

Is your child currently wearing hearing aids? _____

Daily, how many hours does your child wear the hearing aids? _____

Has your child accepted the hearing aids? _____

MEDICAL HISTORY

Has your child experienced ear infections? _____ Which ear(s)? _____

How frequently? _____ Type of treatment? _____

Has your child ever been hit over the head and knocked out? _____ Which side? _____

What happened? _____

Did you notice any hearing difficulties after the following illnesses: chicken pox _____

Mumps _____ measles _____ scarlet fever _____ meningitis _____ ototoxic drugs _____

FAMILY HISTORY

Are there other family members with a history of ear infections? _____ Who? _____

Are there other family members with a hearing loss? _____ Who? _____

When was the onset of their hearing loss? _____

Additional Comments:
