Keystone Audiology and Speech **Audiology History Form—Child**

Child's Name: _____Birthdate:_____Date Completed:_____
Referring Provider: _____Mother: _____ Father:_____

Reason for Audiology Referral: Ear infections___ Failed screening___ Speech delay___
Not responding___ Prior to ENT____ Other___(please explain)_____
_____

Family History: Is there a family history of: Speech/language delays Yes/No
Hearing impairment/deafness Yes/No Learning difficulties Yes/No
Developmental Difficulties Yes/No If yes to any of the above, please describe:
_____

Hearing History:
Does your child respond to: Soft sounds?____ Environmental noises?____ Voices?:____
Does your child follow directions as expected for his/her age? Yes/No
Did your child pass his/her newborn hearing screening? Yes/No
Does your child wear hearing aids? Yes/No If yes, how long? _____
Has your child had any of the following? (check all that apply)

Ear pain ____	Draining ears____	Ear odor____	Excess wax build-up____
Dizziness____	Noises in ears____	Snoring____	Mouth breathing____
Ear injury____	Ear surgery____	Cleft lip/palate____	Excess noise exposure____
Kidney disease____	IV antibiotics____	Chemotherapy____	Tonsils/adenoids removed____
Jaundice____	Ear tubes____	Ear infections____ How often?_____	

Developmental: Do you have any concerns about your child's: Speech/language skills? Yes/No
Gross/Fine motor skills? Yes/No Vision? Yes/No Behavior? Yes/No
If yes to any of the above, please explain_____
_____

Medical History:
List any medical/developmental diagnoses your child has_____
_____
_____
List any medications your child is taking_____
_____

Education History: Name of school_____ Grade_____
What are your child's best subjects?_____
Which subjects are most difficult?_____
What support services does your child receive at school? Speech___ OT____ PT____ Reading____
Learning support____ Hearing itinerate____ Vision support____ Other_____

Other: Is there any other information you feel the audiologist should know about your child (autism, custody arrangements, past abuse, fears, etc.)?_____
_____