

Updated 06/21/2017

PEDIATRIC CASE HISTORY

(Birth to 6 months)

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Child's Full Name:]	Date of Birth:		
Mother's Full Name:					Child's Sex:	Female	Male
Father's Full Name:							
Legal Guardian's Full Name:							
Person Completing This Form:							
Please describe the reason for the child's	visit to the off	ïce:					
PREGNANCY & BIRTH HISTORY							
Length of pregnancy:	weeks	Bi	rth Weig	ht:	I	.bs.	Oz.
Hospital of delivery:							
Type of delivery:				Wa	s labor induc	ed? Yes	No
Did the child spend any time in the NICU	J? Yes	No	If so,	how le	ong?		
Any complications during pregnancy or d	lelivery? Yes	No	If so,	please	explain:		
What was the child's Apgar Score? Did any of the following occur during pro German measles Cytomegalovirus (CMV)		ıbella			') 		9 10
Syphilis	Sn	noking			_Kidney Infe	ection	
MEDICATIONS Please list all medicati Name of Medication					pregnancy an aken for:	d delivery	



PEDIATRIC CASE HISTORY

(For Infants)

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Vancomycin	Gentamycin	Radi	ation _	Streptomycin			
Chemotherapy	Other:						
Lnown Risk Factors (please check	k all that apply)						
Family history of hearing loss		CHARGE syndrome					
Head Trauma requiring hospitalization		Pulmonary hypertension					
Confirmed bacterial meningitis			Trisomy 21 (Down syndrome)				
Hyperbilirubinemia/Ja	undice (requiring exchange	e transfusion)				
abnormalities of ear su	on of head, face, or neck (e ich as microtia, atresia, or j noses:	periauricular	tags/pits)				
What were the results of your chil Passed both ears Referred both ears	Referred Left e	ar only	ning?				
Has the child had a fever greater t If yes, at what age & how long							
Has the child ever been hospitaliz If yes, what procedures/treatm		Yes No					
Please explain any other pertinent	information that you would	ld like the Au	udiologist to	o know:			