



HEARING DOCTORS
OF HAWAI'I, LLC

Pediatric Case History

Today's Date: ___/___/___

Patient Name: _____ Birthdate: ___/___/___

Completed by: _____ Referred By: _____

Father's Occupation: _____ Mother's Occupation: _____

If the question does not apply please leave blank or write N/A

Hearing History:

1. Do you have any concerns about your child's hearing? _____

2. Does your child consistently respond to their name or your voice? No Yes

3. Does your child search for the source of other sounds/noises? No Yes

4. Can your child follow simple commands without visual cues? No Yes, examples: _____

5. Any family history of hearing loss? No Yes: Please list relationship/age of onset/cause of hearing loss, if known: _____

5. Has your child ever had a hearing test? No Yes: If yes, when? _____

Where? _____ Results? _____

7. Did your child have a newborn hearing screening? No Yes, Hospital: _____

Right ear: Pass Refer

Left ear: Pass Refer

Pregnancy and Birth History

8. Any complications during your pregnancy? No Yes, _____

9. Any complications during delivery? No Yes, _____

10. Any medical problems at birth? No Yes, _____

11. Any ear abnormalities? No Yes, _____

*******Please continue on other side*******

Medical History

12. Does your child have any medical diagnosis? No Yes, _____
13. Any head injuries or seizures? No Yes, _____
14. Any history of ear infections? No Yes, _____ Most recent _____
15. Any ear surgeries/trauma? No Yes, _____
16. Any allergies? No Yes, _____
17. Any current medications? No Yes, _____

Speech and Language

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

Please explain: _____

19. How does your child communicate with you? (please choose all that apply)

Pointing Sign Language Single words 2 word phrases Sentences Normal speech

20. How many words does your child say? _____

21. What languages are spoken at home? _____

22. Does your child receive speech therapy services? No Yes

Where and how often? _____

Patient Educational History

23. Is your child in school? No Yes, Where? _____

24. Is your child in a regular class or special education classroom? _____

25. Does the teacher have concerns about your child's hearing? No Yes

Please explain: _____

26. Does your child use any assistive listening devices at school (FM system)? No Yes

27. Does your child receive preferential seating at school? No Yes

Any other concerns/important info: _____

Thank you!

Revised 09/2021