Community Audiology Services, LLC

CHILD CASE HISTORY

CAS D5p 8/11/17

Name:_____
Print Full Name Age (Years and Months) Today's Date

Pediatrician Name & Location: _____

What are your main concerns? _____

Date & Location of last hearing examination: _____

Birth History

Length of pregnancy: _____ Birth weight: _____

Describe any birth complications: _____

Risk factors (Please select all that apply)

- ☐ Family History of Childhood Hearing Loss
- ☐ Congenital Perinatal Infection
- ☐ Anatomic Malformation (ears, head, or neck)
- ☐ Prematurity (≤ 37 weeks)
- ☐ Hyperbilirubinemia (i.e., jaundice requiring exchange transfusion)
- ☐ Bacterial Meningitis
- ☐ Severe Asphyxia (Apgar score of ≤ 5 at 5 minutes)
- ☐ Hydrocephalus
- ☐ History of ear infections or surgery (e.g., tubes)
- ☐ Ototoxic Drugs
- ☐ ECMO
- ☐ Pulmonary Hypertension
- ☐ Down's Syndrome
- ☐ CHARGE Association
- ☐ Head Trauma
- ☐ Unusual illnesses _____
- ☐ Hospitalizations_____

Development & Behavior (Please select all that apply)

- ☐ Motor development delays (e.g., sitting, crawling, walking)
- ☐ Speech and language delays
- ☐ Difficulty following directions
- ☐ Pulls on ears
- ☐ Hears well all of the time
- ☐ Hears well only at select times
- ☐ Sensitive to environmental sounds
- ☐ Receiving services or enrolled in special educational programs. Describe:

  _____

  _____
- ☐ Has been seen by a specialist other than pediatrician. Describe:

  _____

  _____

Identify medications and any additional information about your child that is relevant:

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