1) Print the form.
2) Complete it.
3) Bring it with you to your appointment.

PEDIATRIC Hearing Health Report

HearingDoctors
www.HearingDoctors.com

Confidential Information for
Patients Less Than 18 Years Old

Date:_____

Patient's Name:_____ Referred by:_____

Address:_____ City/State/Zip Code:_____

Gender: ☐ Male ☐ Female DOB:_____ Age:_____ Pediatrician:_____

Reason for Referral:_____

Parents' Names:_____

Home Phone:_____ Cell Phone:_____ Email: _____

Was pregnancy/delivery of patient normal? (Check one) ☐ Yes ☐ No

If "NO", please explain:_____

Primary Insurance:_____ Insured Name:_____ Insured DOB:_____

Secondary Insurance:_____ Insured Name:_____ Insured DOB:_____

How did you hear about us? ☐ Mail ☐ Phone ☐ Newspaper ☐ Yellow Pages ☐ Television ☐ Web ☐ Physician ☐ Referral

Hearing Health History

Was the patient in the NICU? ☐ Yes ☐ No — If so, for how long: _____

Is/was there a deformity of the ear? ☐ Yes ☐ No — Cleft Lip / Palate ☐ Yes ☐ No

Did patient pass his/her newborn hearing screening? ☐ Yes ☐ No — For both ears? ☐ Yes ☐ No

Has the patient experienced chronic ear infections? ☐ Yes ☐ — If so, when was the last one? _____

Has the patient ever had tubes placed in the ears? ☐ Yes ☐ No — If so, when/which ear? _____

Has the patient had any ear surgeries? ☐ Yes ☐ No — If so, when? _____

Is there a family history of hearing loss? ☐ Yes ☐ No

Has the child previously had his/her hearing testing? ☐ Yes ☐ No — If yes, If "YES," when and where?_____

_____

Amplification History

Does the child have a known hearing loss? ☐ Yes ☐ No _____

Has the child previously worn/currently wear hearing aids? _____Left _____Right _____Both _____

Are there any concerns regarding the patient's speech/language development? If "YES," is the child receiving therapy/services?: _____

_____

Has there been any history of developmental delays? If "YES," is the child receiving therapy/services?: _____

What concerns you most about your hearing/understanding and communication difficulties? _____

_____

Please describe any other significant medical history: _____