ASHLAND AUDIOLOGY
PROFESSIONAL HEARING CARE
Phone: 715-682-9311
Fax: 715-682-9313
www.ashlandaudiology.com - 2101 Beaser Ave, Suite 3, Ashland, WI 54806

Pediatric Case History

Patient's Name: _____ **Date of Birth:** _____ **Today's Date**: _____

Primary Physician: _____ **Parents Names:** _____

Please check the reason(s) your child is here today

___ Ear Drainage Right Ear Left Ear Both Ears

___ Ear Pain Right Ear Left Ear Both Ears

___ Ear Noises/Ringing in Ears Right Ear Left Ear Both Ears How Often? _____

___ Ear Infections Right Ear Left Ear Both Ears When? _____

___ Previous Ear Surgery Right Ear Left Ear Both Ears When? _____

___ Unsteadiness or Dizziness Accompanied by: Vomiting Nausea Ear Noises

___Speech & Language Concerns Yes No **Describe**: _____

Were there any complications during pregnancy or birth? Yes No

If yes, please explain _____

Hearing & Speech Development

Did your child pass their newborn hearing screening? Yes No

Are you concerned about your child's hearing? Yes No

Is there hearing loss in the immediate family? Yes No

If yes, please list who_____

Audiologist's Notes: