

**DELAWARE SPEECH & HEARING CENTER**  
**CASE HISTORY INFORMATION – AUDIOLOGY – Pediatric** (R) 10/2018

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ **Please call 740-369-3650 to cancel or reschedule.**  
\_\_\_\_\_ 494 W Central Ave; Delaware \_\_\_\_\_ 3940 N Hampton Dr; Powell

**BRING COMPLETED FORMS, INSURANCE CARD(S), PHOTO ID, & MEDICATION LIST TO YOUR APPOINTMENT.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Primary Concern: \_\_\_\_\_ Other: \_\_\_\_\_

When did you first notice this: \_\_\_\_\_

Currently enrolled in therapy or other services: \_\_\_\_\_ Please list services and providers: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

\*\*\*\*\*  
Custodial Parent's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ok to leave message Home Work Cell Would you like to receive our newsletter? \_\_\_\_\_

Person completing form/relationship \_\_\_\_\_

\*\*\*\*\*  
**PREGNANCY / BIRTH HISTORY:**

Length of pregnancy (weeks): \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Birth hospital: \_\_\_\_\_

Please list any complications/health issues during pregnancy or delivery, including ANY medications or drugs taken:  
\_\_\_\_\_  
\_\_\_\_\_

NICU stay: \_\_\_\_\_ If yes, how long and why? \_\_\_\_\_  
\_\_\_\_\_

---

**Newborn Hearing Screening results:** Right: \_\_\_\_\_ Left: \_\_\_\_\_

Which hospital performed the hearing screening?: \_\_\_\_\_

Family history permanent hearing loss in childhood: \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**ILLNESSES / ACCIDENTS:**

Chickenpox Cytomegalovirus (CMV) Diabetes Encephalitis Meningitis

Measles/Rubella RSV Sickle Cell Concussion Allergies

Dizziness Ear drainage Ear Infection Ringing in ears Fever over 104

Please list any hospitalizations, surgeries, or other medical diagnosis:

Please list current medications with dosage: