



Lafayette
Zachary
Crowley

Toll Free 877-358-6130

Infant/Child History

Referring Physician: _____

Past Medical History: (circle if applicable)

Premature	Family History of Hearing loss
NICU	Congenital infections
Jaundice	Syndrome _____
Low Apgar Score	Neurological disorder
Low Birth weight	Defects of head/neck
Prolonged Mechanical Ventilation	Ototoxic medications

Ears: (circle if applicable)

Meniere's disease
Cholesteatoma
Ear Infections
Acoustic Neuroma
Otosclerosis
Perforated Eardrum
PE-Tubes
Tonsils/Adenoids removed

Past Surgeries: (list and date)

Review of Symptoms: (circle if applicable)

Difficulty Hearing	ringing
Drainage	Hypersensitivity of loud sounds
Pain	Speech or Language Delay
Dizziness	Learning Disorder

Has your child reached all his/her developmental milestones?

Has your child ever had his/her hearing tested? When and Where?
