

PEDIATRIC CASE HISTORY
(For Infants)

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Is the child currently taking any of the following medications? (circles any/all that apply)

Vancomycin Gentamycin Radiation Streptomycin
 Chemotherapy Other: _____

Known Risk Factors (please check all that apply)

Family history of hearing loss CHARGE syndrome
 Head Trauma requiring hospitalization Pulmonary hypertension
 Confirmed bacterial meningitis Trisomy 21 (Down syndrome)
 Hyperbilirubinemia/Jaundice (requiring exchange transfusion)
 Anatomic malformation of head, face, or neck (e.g., dysmorphic appearance, cleft lip or palate, abnormalities of ear such as microtia, atresia, or periauricular tags/pits)
 Other Conditions/Diagnoses: _____

What were the results of your child's Universal Newborn Hearing Screening?

Passed both ears Referred Left ear only
 Referred both ears Referred Right ear only

Has the child had a fever greater than 104°F ? Yes No

If yes, at what age & how long did the high fever last? _____

Has the child ever been hospitalized? Yes No

If yes, what procedures/treatments were performed? _____

Please explain any other pertinent information that you would like the Audiologist to know:
