

Pediatric Case History – Ages 6 months to 4 years  
Audiology Department  
Braintree Rehabilitation Hospital

1. Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Who referred your child to Braintree Rehabilitation Hospital: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Pediatrician: \_\_\_\_\_
4. Main Concerns: \_\_\_\_\_  
\_\_\_\_\_
5. Birth History:  
Length of Pregnancy: \_\_\_\_\_ Birth Weight: \_\_\_\_\_  
  
Any complications during pregnancy or delivery: \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
6. Known Risk Factors  
(Check those that apply)
  - Family history of permanent hearing loss in childhood
  - Congenital perinatal infection (e.g., cytomegalovirus, rubella, herpes, toxoplasmosis, syphilis)
  - Prematurity (length of pregnancy: \_\_\_\_\_ weeks)
  - Hyperbilirubinemia/Jaundice (requiring exchange transfusion)
  - ECMO- Extracorporeal membrane oxygenation
  - Pulmonary hypertension
  - Ototoxic medication (e.g.: gentamicin)
  - Confirmed bacterial meningitis
  - Trisomy 21 (Down syndrome)
  - CHARGE syndrome
  - 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)
  - Head Trauma requiring hospitalization
  - Mucopolysaccharidosis, Type: \_\_\_\_\_
  - Other genetic syndromes associated with hearing loss: \_\_\_\_\_
  - Parental concern
  - Speech/language Delay
  - Other conditions: \_\_\_\_\_
7. Has your child ever been seen by a specialist or physician other than his/her pediatrician?  
Who? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
Outcome? \_\_\_\_\_

8. Has your child had any unusual illnesses or hospitalizations? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
9. What were the results of your child's Universal Newborn Hearing Screening?  
 Passed both ears                       Referred both ears  
 Referred right ear only               Referred left ear only
- Has your child's hearing been examined since birth? \_\_\_\_\_ Date: \_\_\_\_\_  
By whom/Results? \_\_\_\_\_
10. How many ear infections has your child had? \_\_\_\_\_  
When was your child's last infection? \_\_\_\_\_  
Has your child ever had tubes placed in his/her ears? \_\_\_\_\_
11. Is your child presently taking any medication? \_\_\_\_\_ If yes, for what  
reason? \_\_\_\_\_
12. Has your child's motor development progressed age appropriately? \_\_\_\_\_  
Sit alone \_\_\_\_\_ Crawl alone \_\_\_\_\_ Walk alone \_\_\_\_\_
13. Has your child's speech/language development progressed age appropriately? \_\_\_\_\_  
Describe: \_\_\_\_\_
14. Does your child have difficulty following directions? \_\_\_\_\_
15. Do you think your child hears adequately? \_\_\_\_\_ Do you think his/her  
hearing is consistent or does it vary? \_\_\_\_\_
16. Is your child sensitive to environmental sounds? \_\_\_\_\_ If so, describe: \_\_\_\_\_  
\_\_\_\_\_
17. Has your child's speech and language been evaluated? \_\_\_\_\_ If so,  
When? \_\_\_\_\_ By whom? \_\_\_\_\_ What was  
reported to you about the evaluation? \_\_\_\_\_  
\_\_\_\_\_
18. Is your child receiving any services or enrolled in any educational programs? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_