

Infant Case History – Ages birth to 6 months  
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
10. Do you think your child hears adequately? \_\_\_\_\_  
Does your child quiet or smile when spoken to? \_\_\_\_\_  
Does your child recognize your voice and quiets if crying? \_\_\_\_\_  
Does your child react to environmental sounds or startle to loud sounds? \_\_\_\_\_