

Has your child experienced dizziness? YES NO
 Has your child had a history of high fever? YES NO

HEARING AND SPEECH HISTORY

Do you think your child has a hearing problem? YES NO
 If yes, how old was your child when you first noticed a hearing loss?
 Has your child's hearing been tested before? YES NO
 Does your newborn startle at loud sounds? YES NO N/A
 Does your three-month-old stop moving or crying when you call them? YES NO N/A
 Does your six-month-old enjoy noise-making toys? YES NO N/A
 Does your nine-month-old babble frequently? YES NO N/A
 Does your one-year-old respond to simple commands? YES NO N/A
 At what age did your child first babble?
 At what age did your child say their first word?
 At what age did your child start speaking short (2-3 word) sentences?
 How many words does your child have in their vocabulary?
 How often does your child use speech?
 Frequently Occasionally Seldom Never N/A
 Is your child's speech clear? YES NO N/A
 How did you hear about our services?
 Doctor's Referral Advertisement School Friend Yellow Pages
 Previous Patient Other

HEARING AND SPEECH HISTORY

I authorize _____ to release any part or all of my records to the persons listed below:

Name	Address
1.	
2.	
3.	

Signature: _____ **Date:** / /
Print Name: _____ **Relationship to Patient:** _____