

SAN JOSE STATE UNIVERSITY
CENTER FOR COMMUNICATION DISORDERS AND SCIENCES

AUDIOLOGICAL CASE HISTORY - CHILD

General Information

Name of child: _____
Date Of Birth: _____
Referred by: _____
Sex: _____

Name of parent/guardian: _____
Address: _____
City: _____ State: __ Zip: _____
Telephone: _____

Case History

Main concern: *(i.e. delayed speech)* _____

Developmental milestones: *(i.e. sitting / walking / first word)* _____

Ear Pathology: *(i.e. history of chronic ear infections, etc)* _____

Birth history: *(i.e. normal pregnancy, normal delivery, post-delivery problems)* _____

Major medications: _____

History of hearing loss: (if yes who?) _____

Hearing Aid status: (i.e. Have they ever worn, or do they currently wear a hearing aid?) _____

Details of hearing aid (if any): (i.e. which ear, make and model, year obtained) _____

Other comments: _____

