



# WEST COAST HEARING & BALANCE

## PEDIATRIC EVALUATION & MANAGEMENT RELEVANT HISTORY

PATIENT NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CHART # \_\_\_\_\_ DATE: \_\_\_\_\_

Audiologist: \_\_\_ Dr. Frazer \_\_\_ Dr. Bennett \_\_\_ Ms. Kwast \_\_\_ Dr. Schauwecker \_\_\_ Dr. Nelson \_\_\_ Dr. Bruszer \_\_\_ Ms. Cline \_\_\_ Mr Tomlin \_\_\_ Ms. Johnson

HEARING CASE HISTORY	YES	NO	OFFICE USE ONLY: AUDIOLOGIST
Does the child have a known hearing loss?			
Does the child have suspected hearing loss?			
Is there family history of hearing loss?			
Is the child responsive to speech & environmental sounds?			
Does the child have any speech or language delays?			
Does the child have any developmental delays?			
Has the child had past or recent head injury or ear surgery?			
Has the child had ear infections? If so, how frequent?			
Did the mother have a normal pregnancy, birth and delivery?			
Did the child have normal status at birth?			
Was the child's birth weight greater than 3 lbs and 5 oz?			
Has the child had any childhood illnesses or traumas?			

For Office Use Only

### SUMMARY DETAILS:

Discussed test results & speech audiogram w/ patient?

CONCLUSIONS/IMPRESSION: SNHL CHL MIXED HL AD AS AU Degree:

SNHL CHL MIXED HL AD AS Degree:

RECOMMENDATIONS: \_\_\_ Medical &/or ENT follow up \_\_\_ Hearing Aid Evaluation \_\_\_ ABR \_\_\_ VNG

OTHER RX: