

Offices in Twin Cities metro area and across rural Minnesota

\_\_\_\_\_

**Phone**: (651) 646-2427 // **Fax**: (651) 649-3018

Email: admin@associated-hearing.com

First name MI Last Preferred name

Do you suspect your child has **hearing difficulties**? If yes, how long have you suspected?

Is there any family history of hearing problems? If yes, who?

Is there any family history of learning problems? If yes, who?

Has your child recently experienced any of the following:

Sudden change in hearing	Ear pain	Ear pressure/fullness	
Ear drainage	Sensitivity to loud sound	Tinnitus (sounds in ear)	
Other:			

Does your child currently take any prescription medications?

Has your child ever been treated for any medical issues involving the ears?

Does your child have any significant health problems?

Does your child receive supplemental services at school?

Is your child exposed to high levels of sound?

Has your child experienced any delays in the following:

Crawling	Walking	Speech/language	Other:
----------	---------	-----------------	--------

At which hospital was your child born?

Were there any complications at birth? If yes, what?

Did your child spend any time in the NICU? If yes, how long/for what?

Did your child pass the newborn hearing screening in the hospital?

Has your child failed any hearing screenings?

Was the child's mother diagnosed with CMV (cytomegalovirus) during pregnancy or while nursing?

Additional comments:

Person completing form / relationship to child: