
Department Of AUDIOLOGY

Audiological Evaluation- Pediatric Case History

Patient Name: _____

Age/Gender: _____ Patient I D: _____

Informant: _____

Referred by: _____

Mob: _____ Date: _____ Time: _____

Complaints:

- not responding to sounds/ name
- reduced hearing
- not speaking/ limited vocabulary
- Dr. Recommended for check up
- other.....

Responds to sounds: consistent/ inconsistent

Level: soft/ moderately loud/ loud

Type of response: startle/ awakening/ others _____

Name call response: present/ absent

Mode of communication : verbal/ non verbal/ both

Prenatal History

Any illness/diseases/disorder: nil/ (if present details,text box)

Exposure to radiation: nil/ (if present details,text box)

Any medications: nil/ (if present details,text box)

Any kind of trauma/ accidents: nil/ (if present details,text box)

Rh factor incompatibility: absent, / (if present details, text box)

Perinatal History

Delivery place: home/ hospital

Term: full term/ pre term/ (text box for time duration)

Type of delivery: normal/ LSCS/ forceps/

Birth color: normal/yellow/ blue

Birth cry: immediate/ delayed

Birth weight: _____

Postnatal History

Developmental History

Motor development: neck control: _____ Months

Turn over: _____ Months

Crawling: _____ Months

Sitting: _____ Months

Standing: _____ Months

Walking: _____ years

Handedness: Rt/ Lt/ both/ NA

Speech & Language Development:

Cooing: _____ Months

Babbling: _____ Months

1st word: _____ Months

2 word phrases: _____ years

Sentence level: _____ years

Family History

(pedigree chart here)

History of illness & previous treatment

History of seizures: absent / present - (details)_____

Educational History

Currently studying in _____

Academic performance: poor/ average/ good

Remarks _____

Ottological findings

- Does the child frequently **put fingers** in ears **& tries to scratch**:- No Rt/Lt/Both
- Does the child **cry** by holding or **putting hand** near the ear:- No / Rt/ Lt/ Both
- History/ Complaint of **Ear discharge**: absent/ present (Rt/ Lt/ Both) since_____

Ear Examination:

	Right ear	Left ear
Pinna		
EAM		
Tympanic Membrane		

Any remarks:

ENT findings:

Recommendations:

Audiologist