

Pediatric History Questionnaire



Hearing and Speech History

Do you think your child has a hearing problem? Yes No

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 3-month-old stop moving or crying when you call them? Yes No N/A

Does your 6-month-old enjoy noise-making toys? Yes No N/A

Does your 9-month-old babble frequently? Yes No N/A

Does your 1-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 his/her first word? _____

At what age did your child start speaking short (2- to 3-word) sentences? _____

How many words does your child have in his/her 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?

Advertisement School Previous patient Friend Yellow pages

Doctor's referral — *Physician Name:* _____

Other _____

Authorization for Release of Information

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

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

Signature _____ Date _____

Print Name _____

Relationship to Patient _____