



Harmony Hearing & Audiology
5 Bel Air South Pkwy., Ste 1411,
Bel Air, Maryland 21015
Phone: (410) 569-5999 Fax: (443) 320-9468

CHILD PATIENT HISTORY

Name _____ Date _____

What is the primary purpose of today's visit? • Hearing Concerns • Speech/Language Concerns • Newborn Hearing Screening • Other _____

Do you suspect your child has hearing difficulties? • Yes • No If so, for how long? _____

Is there any family history of hearing problems? • Yes • No If so, who? _____

Is there any family history of learning problems? • Yes • No If so, 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 • Other _____

Has your child ever been treated for any medical issues involving the ears? • Yes • No _____

Does your child currently take any prescription medications? • Yes • No _____

Does your child have any significant health problems? • Yes • No _____

Does your child receive supplemental services in school? • Yes • No

Has your child experienced any delays in the following?: Crawling/Walking?: • Yes • No

Speech/Language? • Yes • No

At which hospital was your child born? _____

Were there any complications at birth? • Yes • No _____

Did your child spend any time in the NICU? • Yes • No If so, how long? _____

Did your child pass the newborn hearing screening in the hospital? • Yes • No • Unsure • Not tested

Additional Comments _____