ADVANCED HEARING & BALANCE SPECIALISTS

www.TheHearingDocs.com

St. George, UT
617 E Riverside Dr #102, 435.688.8866
Hurricane, UT
52 S 850 West #103, 435.635.3689
Mesquite, NV
330 N Sandhill Blvd #F1, 702.346.4622
Overton, NV
475 N Moapa Valley Blvd, 702.397.8555
Cedar City, UT
1870 N Main Street #202, 435.867.0714
Beaver, UT
1109 N 100 West, 435.438.6008
Fillmore, UT
374 S Hwy 99, 435.743.6323
Delta, UT
126 S White Sage Ave, 435.864.5995
Panguitch, UT
224 N 400 East, 435.676.8303

Kimball B. Forbes, MCD, FAAA
Lance F. Greer, Au.D., FAAA
Eric L. Maxwell, Au.D., FAAA
Krystal Arnold, Au.D., CCC-A
Heather Smith, Au.D., FAAA

Patient Name: _____ Age: _____ Today's Date: _____

1. How can we help your child today? (PLEASE BE SPECIFIC): _____
2. Do *you* feel your child has trouble hearing people? ☐ Yes ☐ No
3. Do *other* people tell you your child has trouble hearing? ☐Yes ☐No
   If yes, whom: _____
4. Did your child pass their newborn hearing screening? ☐Yes ☐No ☐Don't know ☐They were not tested
5. Has your child had any other hearing tests? ☐Yes ☐No
6. Does your child have speech or language problems? ☐Yes ☐No
   If yes, have they had a speech-language evaluation? ☐Yes ☐No
7. Does your child have any other developmental delays? ☐Yes ☐No
   If yes, please explain: _____
8. Any complications during pregnancy? ☐Yes ☐No
   If yes, please list them: _____
9. Any complications during birth? ☐Yes ☐No
   If yes, please list them: _____
10. Did your child spend any time in the NICU? ☐Yes ☐No
    If yes, please explain: _____
11. Does your child prefer to listen to the TV or music loudly? ☐Yes ☐No ☐ Sometimes
12. Is your child a loud talker? ☐Yes ☐No ☐Sometimes
13. If your child is in school, do they struggle socially or have a difficult time making friends? ☐Yes ☐No
14. Does the teacher complain that your child is not listening or is disruptive? ☐Yes ☐No

Does your child have a history of the following:

Yes	No	
☐	☐	Trouble with balance or dizziness?
☐	☐	*Recent* drainage from the ear(s)?
☐	☐	*Recent* complaints of ear pain?
☐	☐	Family history of hearing loss/problems?
☐	☐	Ear Infections?
☐	☐	Ear wax build up?
☐	☐	Have they *ever* had exposure to loud noise?
☐	☐	Ear surgery?
☐	☐	Sinus or allergy problems?
☐	☐	Jaundice?
☐	☐	Diabetes (check yes even if controlled by medications)
☐	☐	Stroke?
☐	☐	Seizures?
☐	☐	Syndromes?
☐	☐	Heart Conditions?

Would you like a copy of our report sent to your main physician? (If yes, please write the physicians name) _____