Holmes Audiology

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Name:	D.O.B:	Date:

School:	Grade:	Teacher:
Classroom Type:	☐ Open Podium	☐ Traditional ☐ Portable
Student's preferred hand:	☐ Right	☐ Left

Referring Physician:
Referring Physician Address:
Form Completed by:

DEVELOPMENTAL HISTORY:

1. Were there complications during the pregnancy? ☐ Yes ☐ No
   If yes, describe: _____

2. Were there complications during the birth? ☐ Yes ☐ No
   If yes, describe: _____

3. Is did your child have a premature birth? ☐ Yes ☐ No
   If yes, how many weeks? _____
   What was your child APGAR score? _____
   What was your child's birth weight? _____

4. Has your child had any serious illness or accidents? ☐ Yes ☐ No
   If yes, describe: _____

Please check (√) if your child had any of the following:

- ☐ Fetal alcohol syndrome
- ☐ Hyperbilirubinemia
- ☐ Bacterial Meningitis
- ☐ Congenital Perinatal infections
- ☐ Ototoxic medication
- ☐ Mechanical Ventilation
- ☐ Fever over 104 ° F
- ☐ Maternal substance abuse
- ☐ Asphyxia
- ☐ Head/neck deformity
- ☐ Craniofacial abnormalities
- ☐ Syndromal abnormality

OTOLOGICAL HISTORY:

1. Do your child have a history of ear problem? ☐ Yes ☐ No

Please check (√) all that apply:

- ☐ Ear infections
- ☐ Excessive ear wax
- ☐ Fluids behind the eardrum
- ☐ Ear aches
- ☐ Tubes in the ear
- ☐ Soreness/pain in the ear
- ☐ Ear canal discharge
- ☐ Hole/perforated eardrum
- ☐ Other: _____

2. How many episodes of ear problem since birth? _____

3. Has your child had an ear infection in the last 6 months? ☐ Yes ☐ No
   If yes, when? _____
   What type? _____
   Was Medicine given? ☐ Yes ☐ No What? _____

4. Is there a family history of ear problems? ☐ Yes ☐ No
   If yes, who? _____
   What type? _____
   Was Medicine given? ☐ Yes ☐ No What? _____

5. Has your child ever been treated by an Ear, Nose & Throat (ENT) doctor? ☐ Yes ☐ No
   If yes, who? _____
   When? For What? _____
   Was Medicine given? ☐ Yes ☐ No What? _____

6. Has your child ever had ear surgery? ☐ Yes ☐ No
   If yes, describe: _____
   When? _____

7. Has your child previously had his/her hearing tested by an Audiologist? ☐ Yes ☐ No
   If yes, where? _____
   When? _____
   What were the results? _____

8. Has your child have any permanent hearing loss? ☐ Yes ☐ No

If yes, describe: _____

Has your child ever use amplification? _____

OTHER HISTORY:

1. Does your child have any learning problems? ☐ Yes ☐ No

If yes, explain: _____

Has your child been evaluated for learning problem ☐ Yes ☐ No

2. Does your child have any speech or language problems? ☐ Yes ☐ No

If yes, explain: _____

Has your child been evaluated by a Speech Language Pathologist? ☐ Yes ☐ No

Is your child receiving speech therapy? ☐ Yes ☐ No

How often? _____

3. Does your child have any known attention deficit or hyperactivity problems? ☐ Yes ☐ No

If yes, explain: _____

4. Does your child have any known behavioral problems? ☐ Yes ☐ No

If yes, explain: _____

LISTENING AND UNDERSTANDING:

1. Do you think your child has problem listening or understanding? ☐ Yes ☐ No

If yes, explain: _____

How long have you been aware of this problem? _____

2. Does your child have difficulties with any subjects at school? ☐ Yes ☐ No

If yes, please list: _____

3. What are your child's best subjects in school? _____

4. Does your child participate in any special class (es) or therapies? ☐ Yes ☐ No

If yes, please describe: _____

5. Has your child been tutored? ☐ Yes ☐ No

If yes, please describe: _____

BEHAVIOR AND CHARACTERISTICS:

Please check (√) if your child exhibits any of the following behaviors or characteristics.

- ❑ Extremely sensitive to loud sounds
- ❑ Appears to be confused in noisy place
- ❑ Easily upset by new situations
- ❑ Difficulties following and/or understanding TV program
- ❑ Difficulties following directions or instructions
- ❑ Does opposite of what is requested
- ❑ Restless; problem sitting still
- ❑ Overly active
- ❑ Short attention span
- ❑ Impulsive
- ❑ Easily distracted
- ❑ Poor listener
- ❑ Says "what" or "huh"?
- ❑ Difficulties recalling short or long term information
- ❑ Difficulties with time concept
- ❑ Daydreams
- ❑ Forgetful
- ❑ Often asks for repetition
- ❑ Reverses words, numbers, or letters
- ❑ Prefers to play with older children
- ❑ Prefers to play with younger children
- ❑ Prefers solitary activities
- ❑ Seeks attention
- ❑ Disruptive or rowdy
- ❑ Temper tantrum
- ❑ Shy
- ❑ Anxiety
- ❑ Lack self-confidence
- ❑ Reluctant to try new task
- ❑ Give inappropriate responses to questions
- ❑ Lacks motivation
- ❑ Uncooperative
- ❑ Disobedient
- ❑ Destructive
- ❑ Inappropriate social behavior
- ❑ Difficulties or does not complete or assignments
- ❑ Easily frustrated
- ❑ Tires easily
- ❑ Irritable
- ❑ Dislike school
- ❑ Fakes / exaggerates illness
- ❑ Awkward/ clumsy
- ❑ Depressed
- ❑ Uncoordinated or disorganized
- ❑ Difficulties reading and writing