BRC
FAMILY HEARING
SOLUTIONS

Doctor of Audiology
Rebecca A. Price, Au.D., F-AAA

PEDIATRIC CASE HISTORY FORM

Patient Name _____ DOB _____ Today's Date _____

Parent(s) Name: Mother _____ Father _____

1. What is your concern today? _____
2. How did you hear about BRC Family Hearing Solutions? _____
   Referral Source _____
3. Length of pregnancy _____ weeks Birth weight _____ lbs. _____ oz.
4. Hospital of delivery _____
5. Type of delivery _____ Was labor induced? ☐ Yes ☐ No
6. Did your child spend any time in the NICU? ☐ Yes ☐ No If yes, how long? _____
7. Any complications during pregnancy or delivery? ☐ Yes ☐ No If so, please explain: _____
8. Was there a history of drug use or STD during pregnancy? ☐ Yes ☐ No If yes, please explain _____
9. Did your child pass the newborn hearing screening? ☐ Yes ☐ No If no, what ear? ☐ Right ☐ Left ☐ Both
10. Are there any concerns about your child's hearing? ☐ Yes ☐ No If yes, please explain _____
11. Is there any family history of hearing loss occurring before the age of 30 years? ☐ Yes ☐ No Relationship _____
12. Does your child currently wear hearing aids or use an auditory trainer? ☐ Yes ☐ No
13. Do you have any concerns about your child's speech and language? ☐ Yes ☐ No If yes, please explain _____
14. Is your child currently receiving speech therapy? ☐ Yes ☐ No
15. Do you have any medical concerns about your child? ☐ Yes ☐ No Explain _____
16. Please check if your child has had any of the following:

☐ Ear infections	☐ Meningitis	☐ Seizures	☐ Ear surgery	☐ Measles
☐ Kidney problems	☐ Hospitalization	☐ Mumps	☐ Vision problems	☐ Head trauma/injury
☐ Chicken pox	☐ Allergies	☐ Asthma	☐ Noise exposure (e.g., farm equipment, loud music)	

17. Is your child on any medications? Please list _____
18. Do you have any other concerns about your child? ☐ Yes ☐ No
    Explain _____
19. Does your child?
    a. Play/interact well with other children? ☐ Yes ☐ No
    b. Have attention/concentration difficulties? ☐ Yes ☐ No
    c. Receive any special education services? ☐ Yes ☐ No
    d. Have difficulty in school? ☐ Yes ☐ No

Name of school _____ Grade _____ Teacher _____

Parent or Guardian's Signature Relationship Date

2180 W. Teton Blvd., Green River, WY 82935
P: 307-875-1460 | F: 307-875-1586

brchearing@gmail.com

150 Chase Dr., Lander, WY 82520
P: 307-875-1460 | F: 307-875-1586