South Shore Hearing Center

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PEDIATRIC REGISTRATION

Patient Name:____Date of Birth: ___________________

Reason for today's visit: ____

Have you ever had a hearing test? If so, where and when? ____

Please check all that apply:

Hearing Loss …………………………………	□ Right Ear	□ Left Ear	□ Both Ears	
Currently Wear Hearing Aids………………	□ Right Ear	□ Left Ear	□ Both Ears	
Tinnitus (Noise) In Ears………………………	□ Right Ear	□ Left Ear	□ Both Ears	
Ear Pain………………………………………………	□ Right Ear	□ Left Ear	□ Both Ears	
Ear Drainage …………………………………	□ Right Ear	□ Left Ear	□ Both Ears	
Chronic Wax Build-up…………………………	□ Right Ear	□ Left Ear	□ Both Ears	
Chronic Ear Infections In Past……………	□ Right Ear	□ Left Ear	□ Both Ears	
Perforated Ear Drum…………………………...	□ Right Ear	□ Left Ear	□ Both Ears	
Ear Surgery………………………………………...	□ Right Ear	□ Left Ear	□ Both Ears	List: _______________
Noise Exposure…………………………………...	□ Right Ear	□ Left Ear	□ Both Ears	List: _______________
Family Members with Hearing Loss……..	□ None	□ Yes ______________________________		
Dizziness or unsteadiness…………………….	□ None	□ Yes ______________________________		
Chemotherapy in the past……………………	□ None	□ Yes ______________________________		

Please list medical problems or conditions we should be aware of. (Diabetes, Hypertension, Arthritis, HIV, Cancer, Genetic Disorders, etc) ____
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□ Normal Pregnancy (Full term, no complications) □ Cesarean Section

□ Premature Gestational Age: _________________ Birth Weight: ______________ Apgar Scores ____ /_____

□ Ventilator Use How Long? __________________________

□ Intravenous Antibiotic List: __________________________

□ Prolonged Hospitalization? How Long? ________________

□ Newborn Hearing Screening **□ Passed Both Ears** **□ Referred:** **Right Ear** **Left Ear** **Both**

□ Jaundice □ Transfusion

□ Maternal Illness During pregnancy List: ____

□ Medication During pregnancy List: ____

□ Medical Conditions Diagnosed Since Birth: ____

□ Speech Delay □ Poor Speech Articulation □ Currently Enrolled in Speech Therapy

□ Currently Working with Early Intervention

□ I have an Education Plan (IEP/504)