

# Complete Hearing

6-19  
years

4200 pioneer woods drive | lincoln ne 68506 | 402/489-4418 | (f) 402/489-2268 | [complete-hearing.com](http://complete-hearing.com)

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred first name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: female / male

Parents / Guardians: \_\_\_\_\_

Marital status: single / married / divorced / widowed / partner

Pediatrician / Primary Care Physician (PCP): \_\_\_\_\_

Name of Business & Address of PCP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did the patient pass their *Newborn Hearing Screening*?  Yes  No

Other than the *Newborn Hearing Screening*, has the patient's hearing been previously tested?  Yes  No

If yes, please list when and the results, if known: \_\_\_\_\_

What are your hearing concerns for the patient? \_\_\_\_\_

\_\_\_\_\_

Is there a family history of early onset hearing loss? (Before the age of 30)  Yes  No

If so, please state how related & at what age loss occurred? \_\_\_\_\_

\_\_\_\_\_

List all medications the patient currently takes & the reason: \_\_\_\_\_

\_\_\_\_\_

List all medical history regarding the patient's ears: (To include but not be limited to: Ear Pain/Infection/Disease/Surgery, Wax, Itchy Ears)

\_\_\_\_\_

If ear infections have occurred, how have they been treated?  Antibiotics  Pressure Equalizing Tubes (How many sets? \_\_\_\_\_)

List all significant medical history: (To include but not be limited to: Autism, Attention Deficit Disorder, hospitalizations, surgeries)

\_\_\_\_\_

\_\_\_\_\_

Does the patient play / interact well with other children?  Yes  No

Are there any concerns that the patient has attention / concentration difficulties?  Yes  No

Do you have any concerns about the patient's speech and language development?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the patient's speech been evaluated by a *Speech Pathologist*?  Yes  No

If so, is the patient currently receiving speech therapy services?  Yes  No

Is the patient service connected with any other special education service(s)?  Yes  No

If yes, please explain: \_\_\_\_\_

Any additional concerns / comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_