South Shore Hearing Center

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781-337-6860
www.sshc.com

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) _____

_____

_____

_____

□ 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)