

**HUNTER COLLEGE CENTER FOR COMMUNICATION DISORDERS  
PEDIATRIC HISTORY FORM IN AUDIOLOGY**

Child's Name: \_\_\_\_\_ Sex **M** or **F** \_\_\_\_\_  
(please circle 'qt'ej gem) (Date)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian (*Full Name*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (Apt) (City, State) (Zip)

Phones: \_\_\_\_\_  
(home) (Cell) (Office)

E-mail: \_\_\_\_\_  
(clearly PRINT e-mail address)

Referral \_\_\_\_\_  
(*Full name* with credentials, e.g., MS CCC-SLP, MD, PhD)

Referral's Address: \_\_\_\_\_  
(if mailing report to him/her) (Street) (Suite) (City, State) (Zip)

What is the chief complaint? \_\_\_\_\_

When was problem first noted? \_\_\_\_\_

Does your child receive any services at that time (if yes, please list): \_\_\_\_\_

School \_\_\_\_\_ Primary Language \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Age of first smile? \_\_\_\_\_  
Age when sat up alone? \_\_\_\_\_  
Age when first crawled? \_\_\_\_\_  
Age of "stranger anxiety"? \_\_\_\_\_  
Age of walking? \_\_\_\_\_

**PHYSICAL HISTORY**

Cleft lip or palate	Yes	No
Low-set ears	Yes	No
High fevers with illness	Yes	No
Seizures	Yes	No
Poorly formed ears	Yes	No

**COMMUNICATION HISTORY**

At what age was your child's speech understood? \_\_\_\_\_

Does your child show any frustration with communication? \_\_\_\_\_

Does your child communicate his/her needs and wants adequately? \_\_\_\_\_

Do you feel that your child follows directions appropriately? \_\_\_\_\_

Does your child hear environmental sounds like the telephone, doorbell, etc? \_\_\_\_\_

How would you describe your child's performance at school? \_\_\_\_\_

How would compare this child's development to that of his/her siblings? \_\_\_\_\_

