## UCA SPEECH-LANGUAGE HEARING CENTER

 $201\ Donaghey\ Ave/UCA\ Box\ 4985-Conway,\ Arkansas\ 72035-0001-501-450-3176$ 

## **Child Case History (Hearing)**

Perso	n completing this form:		
Relat	ionship to the child:		
I.	IDENTIFICATION		
	Child's name: Birth date:		
	Age: Phone number:		
	Address:		
	E-mail address:		
	Mother's name:		
	Father's name:		
	Referred by:		
	Address:		
	Name of child's doctor:		
	Address:		
II.	STATEMENT OF THE PROBLEM		
	A. Describe the problem:		
	B. When was the problem first noticed?		
	C. Has he/she had problems with ear infections in the past? If yes, how often has this occurred in the past year?		
	D. Has he/she had P.E. tubes? If yes, when?		

	-	speech and/or language problems? If so, briefly
F. Has he/she	had any learning	g problems? If so, briefly describe.
HISTORY		
A. Family Hist	tory:	
₹	atives of the chils. Indicate cause	d closer than second cousins who have or had a if known.
Name		Relation
Cause		
Name		Relation
Cause		
Name		Relation
Name		Relation
Name		Relation
Name Cause B. Medical His	story:	Relation
Name Cause B. Medical His Premature birth	story:	Relation Seizures
Name Cause B. Medical His Premature birth Measles	story:	Relation Seizures Mumps
Name Cause B. Medical His Premature birth Measles Whooping cou	story: ngh	Relation Seizures Mumps Ear infections
Name Cause B. Medical His Premature birth Measles Whooping cou Scarlet fever	story: ngh	Relation Seizures Mumps Ear infections
Name Cause B. Medical His Premature birth Measles Whooping cou Scarlet fever High fever	story: ngh	Relation  Seizures  Mumps  Ear infections  Allergies  Influenza
Name Cause B. Medical His Premature birth Measles Whooping cou Scarlet fever High fever Tonsillitis	story: ngh	Relation Seizures Mumps Ear infections Allergies Influenza Sinusitis
Name Cause B. Medical His Premature birth Measles Whooping cou Scarlet fever High fever Tonsillitis Frequent colds Visual difficult	story:  n gh ties	Relation  Seizures  Mumps  Ear infections  Allergies  Influenza  Sinusitis  Kidney Problems
Name Cause B. Medical His Premature birth Measles Whooping cou Scarlet fever High fever Tonsillitis Frequent colds Visual difficult Head injury (ca	ghtiesar accidents, spor	Relation Seizures Mumps Ear infections Allergies Influenza Sinusitis Kidney Problems

III.

The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.