



**Case History Questionnaire**  
**Pediatric Central Auditory Processing Disorder Evaluation**

The information you provide in this questionnaire will help us assess your child's auditory processing capabilities properly. Please fill out this form, answering questions about your child, as completely as possible. If there are any items you do not fully understand, discuss them with your child's audiologist during the appointment.

**Identifying Information:**

Child's name	Birth date	Age
Sex	Preferred hand	Referral source
Person completing form: Name	Person completing form: Relationship	Date

**Reason(s) for testing (check all that apply):**

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Speech/Language Problems	<input type="checkbox"/>	Attention Problems
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Reading/Phonics Problems	<input type="checkbox"/>	Other:

**Home and Family Information:**

Father's name	Occupation	Age
Mother's name	Occupation	Age
Child lives with	Languages spoken in home	

**Other Children in the Family:**

Name	Age	Sex	Grade	Speech, hearing, learning or medical problems

**Pregnancy and Birth History (Please describe/list complications if any):**

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**Family Audiology, PLLC**  
 (Central) Auditory Processing Disorders



<b>Medical History:</b>	Yes	No	Date	Description
Current medical conditions				
Taking medications				
Head injuries				
Convulsions				
Headaches				
Serious infections				
Other brain/spinal problems				
Surgeries				

<b>Hearing and Ear History:</b>	Yes	No	Date	Description
Do you think your child's hearing is poor?				
Does your child complain of noises in the ears or head?				
Does your child have dizziness or imbalance?				
Age at first ear infection				
Number of ear infections age 0-2				
Number of ear infections age 2-4				
Number of ear infections age 4-6				
Last ear infection (date or age)				
Ear surgeries (age, ear, type)				
Has child used hearing aids?				



Family History:	Description: relationship to child/ type of problem
Neurologic diseases	
Speech problems	
Learning problems	
Hereditary illness	
Ear/hearing	

Social/Emotional:	Yes	No		Yes	No
Trouble understanding TV			Involved with drugs		
Sensitivity to loud sounds			Appears confused in noisy places		
Trouble telling where sounds are			Often says "huh" or "what"		
Problems following directions			Mixes up sounds		
Easily distracted			Preference to play with older children		
Daydreams			Restless		
Forgetful			Problem sitting still		
Preference to play with younger children			Rowdiness		
Disruptive			Needs quiet to study		
Preference for solitary activity			Headaches		
Lacks motivation			Short attention span		
Easily frustrated			Temper tantrums		
Tires easily			Easily frustrated or confused		
Often tense or anxious			Hyperactive		
Uncooperative			Disobedient		
Clumsy			Shy		
Impulsive			Irritable		
Lacks self-confidence			Destructive		
Easily upset by new situations			Excessive talking		
Has a problem with time concept			Seeks attention		
Fakes illnesses			Does not complete assignments		
Underachiever			Dislikes school		

Please explain checked items further:

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# Family Audiology, PLLC

(Central) Auditory Processing Disorders



<b>Speech/Language Problems:</b>	Yes	No	Description
Delay in early speech development			
Small vocabulary compared to peers			
Poor grammar usage			
Problem speaking clearly			
Stuttering			
Problem understanding others			
Speech therapy now or in past			

<b>School/Educational Information:</b>	Yes	No	Description
School currently attending			
Best subject			
Receives speech therapy			
Poorest subject			
Does child have an IEP?			
Grade in school			
Special services			
Other therapy			
Has child repeated a grade?			
Does child like school?			

Are you satisfied with school support? Explain.

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Has your child's teacher ever expressed concern for your child's progress? Explain.

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Please note this is educational testing, not medical testing and therefore medical insurance does not cover the cost. For this service you will be billed directly a flat rate of \$350.00, payment is expected at date of service but financing options are available.

I, \_\_\_\_\_, have read and understand the above statement regarding cost and payment of this service. Date: \_\_\_\_\_

Who should receive a copy of evaluation report?

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2	
3	
4	

Signature \_\_\_\_\_ Date \_\_\_\_\_