



**NORTH OKC**  
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**NORMAN**  
*Located inside the J.D. McCarty Center*  
2002 E. Robinson Street  
Norman, OK 73071

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### HEARING HISTORY

Do you have any concerns about your child's hearing?  No  Yes (please describe below)

Since your last visit, has your child had their hearing tested outside of our office?  No  Yes (please describe below)

When and where:

What were the results?

Has your child ever used a hearing aid, BAHA, Cochlear Implant, or other hearing technology?  No  Yes

Is your child considered at-risk for hearing loss? Help us monitor by answering these questions:

Did your child pass the newborn hearing screen or follow-up?  No  Yes  unsure

Birth mom's name (when baby was born): \_\_\_\_\_  
(this is how we confirm newborn screen results)

Did your child have to stay in the NICU after birth?  No  Yes (please describe below)

How long? \_\_\_\_\_

What for: \_\_\_\_\_

Is there anyone in your child's family with hearing loss?  No  Yes (please describe below)

### SPEECH AND LANGUAGE DEVELOPMENT

Do you have any concerns about your child's speech and language development?  No  Yes (please describe below)  
(Unsure? Ask our front desk about a speech milestones!)

Have they had a speech evaluation?  No  Yes

Are they in speech therapy?  No  Yes

If yes: You will need a copy of today's hearing test results to give to your speech therapist.  
Can we send this to the email address we have on file?

No  Yes If yes, please sign to authorize release: \_\_\_\_\_