

Child Questionnaire – Follow Up

Name: _____ DOB: _____

Address (if change): _____ Parents: _____

_____ Phone: _____

Pediatrician: _____

Reports to be sent to (include mailing address or fax number): _____

School: _____ Grade Level: _____

Recent Medical Information:

Has your child had a recent ear infection? Yes No If yes, when? _____

How was the ear infection treated? Antibiotics Tubes Other: _____

If tubes, when & how many sets? _____

Has your child had any surgeries since your last visit? Yes No If yes, explain: _____

Is your child currently taking any medications? Yes No If yes, explain _____

Developmental Information:

Are there any delays in your child's development? Yes No

Motor Delays: _____

Speech Delays: _____

Other: _____

Is your child receiving any special services (i.e., Speech, OT, PT, etc.) Yes No

If yes, explain: _____

Has your child's hearing been tested since your last visit with us? Yes No If yes, when? _____

Where? _____

What, if any, recommendations were made at that time? _____

Please include any other information that you feel is important since your last visit:

Current Insurance Information: (please note that although you may have the same insurance as your last visit, at times numbers or copays will change and it is important that we have this information on file)

Insurance Co. _____ ID# _____

Name of Insured: _____ Date of birth: _____

Address (if different from above): _____

Relationship to patient: _____

Employer: _____