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CENTRAL AUDITORY PROCESSING TEST
CASE HISTORY FORM

Name: ____ Date ____________________

Person filling our form: ____

Physician: ____

Who referred you? ____

Reason for testing:

______Academic Difficulties
______Emotional Problems
______Speech and Language Problems
______Hearing Problems
______Reading Problems

Maternal//Birth History

Was birth history normal? __________ Complications: ______________________________

____

What problems, difficulties did the mother have during the pregnancy? _______________

____

Medical History

How would you describe your child's current physical status? _______________________

____

Is your child now under a doctor's care? Yes______ No ______ If so, why? ______________

Is s/he taking medication? ________ Type: _______________________________________

Family History

Are there any other children in the home? _________ Ages ____________________

Do they have any hearing or speech problems? ______________________________

Any hearing problems among parents or relatives ____________________________

(If yes, please explain.) ____

____

____

Is there any family history of ear problems and/or surgery? ______________________

History of Illness and Physical Development:

Illnesses

Has your child been in generally good health? _______________

Has your child had any of the following?

_____Allergies _____Chronic colds

_____Measles _____Tonsillitis

_____Scarlet Fever _____Pneumonia

_____Flu _____Convulsions

_____Head Trauma _____Meningitis

_____Mumps _____Other

Ear infections: Right_______ Left________ Both ____________

Date of most recent infection ____________________

Treatment? ______________________________

Tonsils and/or Adenoids removed? ______________

Has child ever been examined or treated by an ear doctor? ______

If so, what treatment was prescribed? ______________________________

Any ear surgery performed? ______________________________

Does your child take now, or has he/she previously taken any medications?

Yes ______ No ______

If yes, please list ______________________________

Has your child ever been hospitalized? Yes_____ No ______

If yes, please explain: ______________________________

____

Please note previous evaluations your child has had:

	Yes	No	Age	Normal	Abnormal
Hearing	______	______	______	______	________
Speech	______	______	______	______	________
Neurologic (EEG, etc.)	______	______	______	______	________
Psychological	______	______	______	______	________
Intelligence tests	______	______	______	______	________
Vision	______	______	______	______	________
Child Study Team	______	______	______	______	________

Where? ______________________________

Other (Please List) ______________________________

Academic History

Present School ______________________________ Grade ______________

How does she/he feel about school and his/her teachers? ______________________________

____

Does your child seem to rely more heavily on visual cues in school? Yes ______ No ______

Has your child ever repeated a grade? Yes______ No ______ If yes, why? ________________________

Have any relatives had difficulty learning in school? Yes ______ No ______

Who? __________________ Describe Problem: ______________________________

Is your child:

Having problems with math?	Yes ______	No_______
Having problems with spelling?	Yes ______	No_______
Having problems with writing?	Yes ______	No_______
Having problems with phonics?	Yes ______	No_______
Having problems with science?	Yes ______	No_______
Having problems with social studies?	Yes ______	No_______
Having problems with foreign language?	Yes ______	No_______
Having problems with reading?	Yes ______	No_______
Receiving special help?	Yes ______	No_______

If yes, type: ____

____

Social Behavioral History

Would you describe your child as happy or unhappy?______________________

Does she/he have difficulty concentrating? ______________________________

Would you describe you child as:

Disruptive	Yes ______	No_______
Lacking Self-confidence	Yes ______	No_______
Anxious, Tense	Yes ______	No_______
Easily frustrated or confused	Yes ______	No_______
Has Problems with Time concepts, (e.g. homework performed on a timely basis)	Yes ______	No_______

To whom do you want a report sent? Please include names and addresses.

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