

**ALBUQUERQUE PUBLIC SCHOOLS  
SPECIAL EDUCATION - SOUTH AREA  
AUDIOLOGY  
STUDENT HISTORY FORM**

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ M F

STUDENT APS #: \_\_\_\_\_ SCHOOL : \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

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Do you feel your child has a hearing problem? \_\_\_\_\_

If so, describe \_\_\_\_\_

Does your child become confused with the direction of sound? \_\_\_\_\_

Does your child seem to hear less well in noise? \_\_\_\_\_

Is your child bothered by loud sounds? \_\_\_\_\_

Has the child ever had any ear infections or earaches? \_\_\_\_\_

Age of onset \_\_\_\_\_

How often? \_\_\_\_\_

Any drainage from the ear? \_\_\_\_\_

Past treatment \_\_\_\_\_

Last occurrence \_\_\_\_\_

Any change in hearing during ear infections? \_\_\_\_\_

Is there any family history of hearing problems: \_\_\_\_\_

Is your child ever exposed to loud noise? \_\_\_\_\_

Wear ear protection? \_\_\_\_\_

Has your child ever complained of ringing or buzzing in his ears? \_\_\_\_\_

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Has the child had any head injuries? (Concussion, skull fracture, etc.) \_\_\_\_\_

Has the child had problems with:

Dizziness/loss of balance? \_\_\_\_\_

Black outs? \_\_\_\_\_

Seizures? \_\_\_\_\_

Headaches? \_\_\_\_\_

Does your child have allergies or sinus problems? \_\_\_\_\_

Frequent colds/sore throats? \_\_\_\_\_

Tonsil/adenoid problems? \_\_\_\_\_

Has your child had any serious illnesses? \_\_\_\_\_

Has your child had any of the following illnesses? \_\_\_\_\_

\_\_\_\_\_ Measles

\_\_\_\_\_ Scarlet Fever

\_\_\_\_\_ Encephalitis

\_\_\_\_\_ Mumps

\_\_\_\_\_ Flu

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Pneumonia

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Meningitis

Has your child ever had a fever over 103°? \_\_\_\_\_ (Describe) \_\_\_\_\_

What was the condition of the mother's health during pregnancy? \_\_\_\_\_

Length of pregnancy \_\_\_\_\_

Normal delivery? \_\_\_\_\_

Birth weight \_\_\_\_\_

Was the child incubated or have to remain in hospital? \_\_\_\_\_

Is your child's school performance average, below average, or above average? \_\_\_\_\_

List special education services \_\_\_\_\_

Other language spoken besides English \_\_\_\_\_

**PERSON INTERVIEWED:** \_\_\_\_\_

**INTERVIEWER:** \_\_\_\_\_ **Date:** \_\_\_\_\_