



Hearbright, an Audiology Corporation

2577 Samaritan Drive #755
San Jose, CA 95124
Tel: (408) 358-5093

200 Jose Figueres Ave. #280
San Jose, CA 95116
Tel: (408) 937-8900

3425 S.Bascom Avenue #B
Campbell, CA 95008
Tel: (408) 371-8970

PEDIATRIC MEDICAL HISTORY

Form with fields for Patient's Last Name, Patient's First Name, Patient's Date of Birth, Age, Referred By, Signature for release of medical information, and Print your name and relationship to patient.

What is the reason for the child's evaluation today?

Please mark, circle, or briefly explain your main concern regarding the child's ears or hearing:

Table with 4 columns: Yes/No, Description, Specify, Comment. Rows include questions about hearing loss, birth problems, jaundice, newborn hearing screening, speech development, milestones, ear infections, family history, ear surgery, and hearing aid use.