

# Ear, Nose, & Throat Consultants, Inc.

**Jeffrey S. Brown, M.D., F.A.C.S.**  
**Thomas H. Costello, M.D., F.A.C.S.**  
**Andrew M. Doolittle, M.D.**  
**K. Holly Gallivan M.D., M.P.H., F.A.C.S.**  
**Elizabeth A. McDonald, PA-C**  
**Brianna N. Crane, PA-C**

**Annemarie Czarnota, M.S., CCC-A**  
**Alysia S. Moon, Au.D., CCC-A**  
**Rachael E. Zugel, M.S., CCC-A**  
**Hearing and Balance Center**

1021 Main Street, Suite 105  
Winchester, MA 01890  
Tel: 781-729-8845  
Fax: 781-729-6439

100 Trade Center, Suite 750  
Woburn, MA 01801  
Tel: 781-937-3001  
Fax: 781-937-3070

## Pediatric Audio History

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Provider: \_\_\_\_\_

**YES NO**

**YES NO**

Speech/Language Concerns:      \_\_\_\_\_

Hearing Concerns:      \_\_\_\_\_

Healthy Pregnancy:      \_\_\_\_\_

Healthy Birth:      \_\_\_\_\_

History of Prematurity:      \_\_\_\_\_

Recurrent ear infections:      \_\_\_\_\_

Feeling of ear fullness:      \_\_\_\_\_

Previous head injuries:      \_\_\_\_\_

Did you have any previous  
MRI scan of ears/head?      \_\_\_\_\_

Date: \_\_\_\_\_

Did you have any previous  
CT scan of ears/head?      \_\_\_\_\_

Date: \_\_\_\_\_

Did you have any previous  
hearing tests done?      \_\_\_\_\_

Date: \_\_\_\_\_

Do you have any ear disorders?      \_\_\_\_\_

History of Ear Surgery:      \_\_\_\_\_

Date: \_\_\_\_\_

Type: \_\_\_\_\_

Family history of hearing loss:      \_\_\_\_\_

Mothers Side: \_\_\_\_\_

Fathers Side: \_\_\_\_\_

Family history of dizziness:      \_\_\_\_\_

Mothers Side: \_\_\_\_\_

Fathers Side: \_\_\_\_\_

OTHER:

---

---

---

---

---

---