

Heard It Through The Grapevine Audiology, PC

NEWBORN CASE HISTORY

PATIENT INFORMATION

Child's name: _____ Date of Birth: _____
Gender: (circle one) M F Weight: ___lb. ___oz. Length: ___in. Gestational Age ___wks
Place of Birth:(circle one) Home Facility Name of Facility: _____
Child's Race: (circle one) American Indian/Alaskan Native Asian Black Pacific Islander White
Other: _____ Ethnicity: (circle one) Hispanic Not Hispanic Unknown/Prefer not to answer

Maternal Information

Mother's name: _____ Maiden name: _____
Mother's Date of Birth: _____
Mother's Race: (circle one) American Indian/Alaskan Native Asian Black Pacific Islander White
Other: _____ Ethnicity: (circle one) Hispanic Not Hispanic Unknown/Prefer not to answer

FAMILY HISTORY

Family history of kidney disease YES NO Family history of thyroid problems YES NO
History of progressive blindness YES NO History stillbirths / miscarriages YES NO
Other children with hearing loss YES NO
Family history of hearing loss YES NO

If yes, who? _____ Age loss identified: _____

Mother worked outside home during pregnancy YES NO

If yes, where/what type of work? _____

Father worked outside home during pregnancy YES NO

If yes, where/what type of work? _____

MATERNAL FACTORS

Drugs taken during pregnancy (including antibiotics) YES NO

If yes, specify: _____

Exposure to chemicals during pregnancy YES NO

If yes, specify: _____

Exposure to radiation / chemotherapy during pregnancy YES NO

If yes, specify: _____

Amniocentesis performed during pregnancy YES NO

Rh immunoglobulin given; Rh or ABO incompatible YES NO

Illnesses during pregnancy YES NO

If yes, specify: _____

Anemia during pregnancy YES NO

Diabetes during pregnancy YES NO

Toxemia during pregnancy YES NO

Any paternal illnesses during pregnancy YES NO

