

EAR INFECTION HISTORY FOR CHILDREN

Patient Name: _____ Account #: _____

DATE: _____ Referring Physician: _____

Premature birth? _____ How much: _____

1. Age of patient: _____

2. Age at onset of ear infections: _____

3. # of episodes of ear infections in last 12 months: _____

4. # of months of ear fluid: _____

5. # of courses of antibiotic prophylaxis: _____

6. Current medications: _____

7. Use of antibiotic prophylaxis: _____ Type: _____ How Long: _____

8. Ear infections, flaring while on antibiotics? Yes No

9. Nasal obstruction? _____

10. Hearing loss? _____

11. Eardrum ruptures? _____

12. Exposure to cigarette smoke? _____

13. Speech/language development _____ OK _____ Delayed _____

14. Previous ear tubes or adenoidectomy? _____

15. Drink bottles lying down flat? Yes No _____

16. Complications with antibiotic use: _____

17. Other complications: _____

18. Day care: _____

