



**108-460 Springbank Drive
London, Ontario
N6J 0A8
Phone (519) 936-5850**

**102-1807 Wonderland Road North
London, Ontario
N6G 0C2
Phone (519) 473-5850**

CHILD INFORMATION FORM

Name: _____	Telephone: _____
Date of Birth: _____	Email: _____
Address: _____	Family Doctor: _____
City: _____	Name of School: _____
Postal Code: _____	Teacher _____
Name of Parent/Guardian: _____	Grade: _____

1. What is your main concern about your child? _____
2. Does your child have trouble hearing
 At Home
 At School
 Television
3. Does your child have a history of ear infections?
 Yes No
If yes, when was the last infection? _____
 Right Ear Left Ear Both Ears
4. Is there a family history of hearing loss? Yes No
5. Has your child had their hearing tested before? Yes No
If yes, where _____
6. Were there problems or complications with pregnancy or delivery of your child?
 Yes No
If yes, please explain _____

Parent Signature

Date