# Speech & Hearing Centre

# Cochlear Implant Rehabilitation Clinic

#### HIGH RISK REGISTER FOR PARENTS

#### BIRTH - 28 DAYS

YES / NO	ARE THE PARENTS OF THE CHILD BLOOD RELATIVES?
YES / NO	DID ANYONE IN THE CHILDS FAMILY HAVE HEARING LOSS IN EARLY CHILDHOOD?
YES / NO	DID THE CHILD'S MOTHER HAD SERIOUS ILLNES DURING PREGNANCY?
YES / NO	DID THE CHILD'D MOTHER TAKE ANY MEDICINES FOR ILLNESS DURING PREGNANCY?
YES / NO	THE BABY BORN BEFORE THE DUE DATE GIVEN BY THE DOCTOR?
YES / NO	DID THE CHILD APPEAR YELLOW OR BLUE AFTER BIRTH?
YES / NO	DID THE CHILD DID NOT CRY IMMEDIATELY AFTER BIRTH?
YES / NO	WAS THE CHILD'S WIEGTH LOW AT BIRTH? (less than 1.5 kg)
YES / NO	WAS THERE ANY DEFECT OF THE HEAD OR FACE WHEN THE CHILD WAS BORN?
YES / NO	WAS THE CHILD KEPT AT HOSPITAL FOR TREATMENT AFTER BIRTH?

If the answer to any of the question is 'YES', get the child's hearing evaluated by a qualified audiologist.

102, Balaji Heights, 5-B Rajgarh Kothi, Geeta Bhavan Main Road, Indore - 452001 Ph: (91) 731 2491873

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#### HIGH RISK REGISTER FOR PARENTS

#### 28 DAYS - 3 YEARS

	YES / NO	WAS THERE PARENTAL OR CAREGIVER CONCERN REGARDING CHILD'S HEARING, SPEECH OR DEVELOPMENTAL MILESTONES?
	YES / NO	DID ANYONE IN THE CHILDS FAMILY HAVE HEARING LOSS IN EARLY CHILDHOOD?
	YES / NO	DID THE CHILD'S MOTHER HAD INFECTIONS DURING PREGNANCY?
	YES / NO	WAS THERE ANY DEFECT OF HEAD OR FACE WHEN THE CHILD WAS BORN?
	YES / NO	DID THE CHILD HAVE BRAIN FEVER, MEASLES OR MUMPS?
	YES / NO	DID THE CHILD'S SKIN APPEAR YELLOW?
	YES / NO	DID THE CHILD HAVE HEAD INJURY ASSOCIATED WITH LOSS OF CONCIOUSNESS, SKULL FRACTURE, BLEEDING OR DISCHARGE FROM EAR FOLLOWING THE INJURY?
400	YES / NO	DID THE CHILD HAVE EAR DISCHARGE FOR ATLEAST 3 MONTHS?

If the answer to any of the question is 'YES', get the child's hearing evaluated by a qualified audiologist.

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High risk register has been taken from All India Institute of Speech & Hearing, Mysore.