

## CHILDREN'S EAR INFECTION-FLUID QUESTIONNAIRE

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ M D G M G F A U

Please answer the questions below. I know you may not be exact but approximate dates and times will help a lot. I can always get exact information if necessary from your doctor or pharmacy. I would like for you to start with recent events and work your way back.

1. What is the main problem your child is having that requires you to consult me?
  
2. When was the last time your child was seen for this problem?
3. Who did the examination?
4. What did they say ?
  
5. How did they describe the ears? Right?  
Left?
6. List the last antibiotic given, when it was started and when it was finished:
7. Did they recommend you see an ENT doctor?
8. Did they say anything else?
9. Has there been any hearing problem noted? Yes No
10. Is the speech and language development ok? Yes No
11. When did the ear infections/fluid start? an approximate age or date?
12. Have they caused the child to be very sick or has the degree of pain and fever been mild?
  
13. How many ear infections has there been in the last 6 months?
14. How many antibiotics have been used in the last 6 months?
15. Has there been a problem with both ears or just one?
16. Can you list any antibiotics that have been used to treat the ear? Please circle if used in last 6 months. Amoxil Augmentin Omnicef Ceftin Cefzil Zithromax Cedax  
Suprax Bactrim Septra Gantrisin Vantin Shots Other:
17. Please circle the current symptoms that you child has had during the last 2 days:  
fever when was the last temperature and how high was it?  
pulling at ears, digging at ears, fussy, cranky, poor sleeping  
runny nose what color was the drainage?  
difficulty breathing through nose  
ear drainage that isn't wax right left  
cough wheezing asthma pain
18. Are there any other symptoms recently? Please list.
  
19. Has anyone in your family had: if yes list who.  
yes no frequent ear infections  
yes no ear tubes  
yes no poor hearing  
yes no asthma  
yes no allergies  
yes no Is the child exposed to cigarette smoke  
yes no Is the child exposed to other children during child care  
yes no Have other specialist seen your child? please list  
yes no. Have any tests been done? please list

Is there anything else you would like me to know? \_\_\_\_\_