



**"Healthy Kids Are Our Business"**

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## Hearing Screening

### **0-3 Months**

Does your baby get quiet when you talk to him/her? [ ] YES [ ] NO

Does your baby act startled or stop moving for a moment when there are sudden loud noises? [ ] YES [ ] NO

### **4-6 Months**

Does your baby turn his/her eyes or head to the sound of your voice if he/she cannot see you? [ ] YES [ ] NO

Does your baby smile or stop crying when you or someone he/she knows speaks? [ ] YES [ ] NO

### **7-9 Months**

Does your baby stop and pay attention when you say NO or call his/her name? [ ] YES [ ] NO

Does your baby move his/her head around to try and figure out where a new sound is coming from? [ ] YES [ ] NO

Does your baby make strings of sounds (ba ba ba, da da da)? [ ] YES [ ] NO

### **10-15 Months**

Does your baby give you toys or other objects when you ask, without you having to use a gesture? [ ] YES [ ] NO

Does your baby point to familiar objects if you ask (dog, light)? [ ] YES [ ] NO

### **16-24 Months**

Does your child use his/her voice most of the time to get what he/she wants or to communicate with you? [ ] YES [ ] NO

Can your child go get familiar objects that are kept in a regular place if you ask him/her (get your shoes)? [ ] YES [ ] NO

### **25-36 Months**

Does your child answer different kinds of questions (when, who, what)? [ ] YES [ ] NO

Does your child notice different sounds (phone ringing, shouting, doorbell)? [ ] YES [ ] NO

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