

Please fill out the following case history to the best of your ability. Please be brief, as we will address these questions in detail during your appointment.

1. Describe your dizziness (check all that apply):

\_\_\_spinning sensation \_\_\_swimmy headed sensation \_\_\_imbalance

\_\_\_light headedness other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you checked spinning sensation do you feel like:

\_\_\_you are spinning \_\_\_the room is spinning

1. Approximately when was the first onset of your dizziness?
2. What were you doing when your dizziness first began?
3. How long did your first episode of dizziness last?

 \_\_\_seconds \_\_\_minutes \_\_\_\_hours \_\_\_\_days

1. Is your dizziness constant (no cessation since onset, even when sitting still or lying down)? \_\_\_\_Yes (*skip to question 13*) \_\_\_\_No
2. If no, have you had subsequent episodes? \_\_\_\_Yes \_\_\_\_No (*skip to question 13*)

A few more isolated incidents \_\_\_\_\_\_

I’m experiencing episodes frequently (several a week) \_\_\_\_\_\_

I’m having daily episodes \_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If daily, how many episodes do you have a day, on average?
2. And how long are your episodes lasting now?

\_\_\_seconds \_\_\_minutes \_\_\_\_hours \_\_\_\_days

1. Are you completely free of dizziness between your episodes? \_\_\_Yes \_\_\_No
2. Do you have any warning your dizziness is about to start? \_\_\_Yes \_\_\_No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your dizziness provoked by head/body movements? Yes No

If yes, please check all that apply

|  |  |
| --- | --- |
| \_\_\_\_\_ bending forward | \_\_\_\_\_ laying down in bed |
| \_\_\_\_\_ returning upright | \_\_\_\_\_ getting out of bed |
| \_\_\_\_\_ looking upward | \_\_\_\_\_ getting out of a chair |
| \_\_\_\_\_ looking downward | \_\_\_\_\_ walking at the mall/grocery store |
| \_\_\_\_\_ turning from side to side | \_\_\_\_\_ when looking at a computer screen |
| \_\_\_\_\_ looking from side to side | \_\_\_\_\_ whenever I move in any direction |
| \_\_\_\_\_ turning over in bed | \_\_\_\_\_ I am dizzy with or without motion |
|  |  |

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Please check all that apply

\_\_\_\_I have migraine headaches. How often?

\_\_\_\_I have diabetes. Is it well regulated?

\_\_\_\_I have high blood pressure. Is it well regulated?

\_\_\_\_I have had injuries to my head. When and how?

\_\_\_\_I have blacked out and/or lost consciousness.

\_\_\_\_I have fallen. How many times?

\_\_\_\_I veer to the right or left when I walk.

\_\_\_\_I lose my balance when walking.

\_\_\_\_I have pressure in my head.

\_\_\_\_I have pressure in my ears. Both ears?

\_\_\_\_I have difficulty hearing. Both ears?

\_\_\_\_I have a hearing loss that started when I became dizzy. Both ears?

\_\_\_\_My hearing changes when I am dizzy. Both ears?

\_\_\_\_I have tinnitus (ringing, roaring, hissing, pulsing, popping sounds) in my ears.

 Both ears?

 Is it constant or intermittent?

\_\_\_\_I have a tinnitus that changes when I am dizzy.

\_\_\_\_I have numbness in my face, arms, and/or legs.

\_\_\_\_I have weakness in my arms and/or legs.

\_\_\_\_I have bouts of confusion (not knowing who I am, where I am), and/or difficulty talking.

\_\_\_\_I see glittering or flashing lights in my visual field.

\_\_\_\_I have bouts of double vision, blurred vision, and/or blindness.

\_\_\_\_I have a history of motion sickness.

\_\_\_\_My dizziness makes me nauseous/vomit.

\_\_\_\_I have issues with my hips, knees, and/or ankles (surgeries, injuries arthritis, etc).

\_\_\_\_I have issues with my neck and/or back (surgeries, injuries, arthritis, etc).

Is there anything that is happening that you think is relevant, or connected to your dizziness, that has not been addressed on this intake form?

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**What should I expect at my VNG appointment?**

VNG is an abbreviation for videonystagmography. It is a test, requested by your physician, for patients with a history of dizziness, vertigo, imbalance, and/or falls. VNG testing is designed to observe the function of your central nervous system, as it relates to balance, and the vestibular portion of your inner ear. This is because abnormalities in these areas can cause dizziness and imbalance.

During the 2-hour evaluation, we will perform a hearing test, gather a case history, and then perform different tests/tasks that will assess the sensorimotor, visual, and vestibular portions of your balance system. During a portion of this test you will be wearing goggles with infrared cameras, and during some tests we will place a cover over the goggles. We will also perform a test that will use air to stimulate the vestibular system, and you may feel like you are floating or slightly moving. Rest assured we are creating this feeling with the air, and it will dissipate within minutes.

After your evaluation, we will collect and analyze your results and generate a report that will be used to recommend treatment, and/or further testing. A copy of this report will be sent to your referring/primary physician after your follow up appointment with your ENT physician, which will be scheduled immediately after your VNG assessment.