

## Vestibular Intake Form

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Vestibular Intake Form	
How would you explain your dizziness:	
Lightheaded	Yes / No
Disorientation	Yes / No
False sense of motion that you are moving	Yes / No    If yes, in which direction _____
False sense of motion the world is moving	Yes / No    If yes, in which direction _____
Please describe your dizziness without using the word "dizzy":   	
Are your dizziness symptoms (circle one):    Recent (first episode)    Re-occurring    Chronic	
What is the typical duration of your symptoms (circle one)?	
A few seconds    Several seconds to a few minutes    Several minutes to one hour    Days    Weeks	
Do you have hearing loss with your vertigo?	Yes / No
Do you have any ringing in your ear with your vertigo?	Yes / No
Is there any correlation with timing of your symptoms and exposure to any environmental chemicals or toxins?	Yes / No Maybe
Can your symptoms of dizziness be reduced by visually fixating on a target?	Yes / No Maybe
Are your symptoms of dizziness worse in the dark?	Yes / No
Are there any other symptoms you experience besides false sense of motion ? What? (ex. Nausea, anxiety, racing heart rate, etc) _____	Yes / No
Is there anything that can aggravate your vertigo? What? _____	Yes / No
Does anything help your symptoms? What? _____	Yes / No
Do any of the following movements cause you to feel disorientated or dizzy?	
Turning to the right	Yes / No
Turning to the left	Yes / No
Suddenly stopping in a car or a plane landing	Yes / No
Suddenly starting to move forward in a car or plane	Yes / No
Looking out the window of a moving vehicle with your back facing the direction of movement	Yes / No
Looking out the window of a moving vehicle with your front facing the direction of movement	Yes / No
Moving side-to-side	Yes / No
Suddenly moving up or down on an elevator	Yes / No

Perilymphatic Fistula and Superior Canal Dehiscence	
Did your dizziness start after trauma to your ear by sudden changes of pressure to your ear?	Yes / No
Did your dizziness start after heavy weight bearing or excessive straining with bowel movements?	Yes / No
Can sneezing, straining, or changes of pressure trigger your dizziness?	Yes / No
Can putting your head down to one side trigger your dizziness?	Yes / No
Can loud noises or sounds at times trigger your dizziness?	Yes / No
Have you started to notice your own voice much louder than before?	Yes / No
Have you noticed any distortions of sensations of sound?	Yes / No
Benign Paroxysmal Positional Vertigo	
Can positional changes such as turning over in bed, bending over and then straightening up, or tilting your head trigger your symptoms?	Yes / No
Are your symptoms of dizziness prompted by eye or head movements and then decrease in less than one minute?	Yes / No
Does your dizziness become less noticeable each time you repeat the same movement?	Yes / No
Does your episodes of dizziness come in sudden and brief spells?	Yes / No
Vestibular Neuritis	
Did your dizziness come on suddenly?	Yes / No
Did your dizziness start after a recent viral or bacterial infection?	Yes / No
Do you have a history of Herpes Zoster outbreaks?	Yes / No
Did your dizziness start during a period of exhaustion or weakened immune system?	Yes / No
Meniere's	
Do you notice a feeling of fullness in the ear or on the side of your head accompanying your episodes of dizziness?	Yes / No
Do you have episodes of ringing in your ear accompanying your episodes of dizziness?	Yes / No
Have you experienced two or more episodes of vertigo lasting at least 20 minutes each?	Yes / No
Vestibular Migraine	
Do you experience in flickering lights spots (visual aura) before your episodes of dizziness or headaches?	Yes / No
Do you experience a throbbing headache before or after your episodes of dizziness?	Yes / No
Do you become extremely sensitive to light and sound before or after your episodes of dizziness?	Yes / No
Have you noticed your episodes of dizziness can be proved by stress low blood sugar levels, diet, chocolate, red wine, caffeine, cheeses or MSG?	Yes / No

### Previous Diagnosis

Have you ever been diagnosed or suffered from with the following conditions? (Circle all that apply):

- |  |                                      |
|--|--------------------------------------|
| Bening Proxysmal Positional Vertigo (BPPV) | Autoimmune Inner Ear Disease         |
| Meniere's Disease                          | Cervigogenic Syndrome                |
| Ototoxicity                                | Vestibulopathy                       |
| Otosclerosis                               | Cerebellum Disease                   |
| Tinnitus                                   | Cholesteatoma                        |
| Hearing Loss                               | Enlarged Vestibular Aqueduct         |
| Acoustic Neuroma                           | Vestibular Neuritis or Labyrinthitis |
| Stroke                                     | Mal de Debarquement                  |
| Migraine                                   | Neurotocity                          |
| Transient Ischemic Attack (TIA)            | Trauma to your ear                   |
| Perilymphatic Fistula                      | Trauma to you head/brain             |
| Superior Canal Dhiscence                   | Concussion                           |

Endolymphatic hydrop