Vestibular Intake Form - Part 1 for Patients

• Required Field

Personal Info

First Name •

Last Name •

Date of Birth (MM/DD/YYYY)

MM / DD / YYYY

Occupation

Contact Info

Source of Referral

Basic Info

Describe the major problem or reason you are seeing us:

Characters: 0/255

When did the problem begin?

MM / DD / YYYY

Is this a reoccurring problem? •

- [ ] YES
- [ ] NO

Vertigo

Do you experience spells of vertigo (a sense of spinning)? •

- [ ] YES
- [ ] NO

If YES, how long do these spells last?

Characters: 0/255

If YES, when did it last occur?

MM / DD / YYYY

Is the vertigo:

- [ ] spontaneous (i.e. happens at rest)
- [ ] induced by motion
- [ ] induced by position changes

Disequilibrium

Do you experience a sense of being off-balance (disequilibrium)? •

- [ ] YES
- [ ] NO

If YES, is the feeling of being off-balance:

- [ ] constant
- [ ] spontaneous
- [ ] induced by motion
- [ ] induced by position changes
- [ ] worse in the dark
- [ ] worse on uneven surfaces
- [ ] worse with fatigue
- [ ] worse outside

Does the feeling of being off-balance occur when:

- [ ] laying down
- [ ] standing
- [ ] sitting
- [ ] walking

Do you OR have you fallen (to the ground)? •

- [ ] YES
- [ ] NO

If YES, please describe; How often do you fall? Have you injured youself?

Do you stumble, stagger, or side-step while walking? •

- [ ] YES
- [ ] NO

Do you drift to one side when you walk? •

- [ ] YES
- [ ] NO

If YES, to which side do you drift?

- [ ] Right
- [ ] Left

Past Medical History

- [ ] Diabetes
- [ ] Hypertension
- [ ] Arthritis
- [ ] Heart Disease
- [ ] Headaches
- [ ] Neck Problems
- [ ] Back Problems
- [ ] Pulmonary Problems
- [ ] Hearing Problems. Explain
- [ ] Visual Problems Explain
- [ ] Nausea. How long does it last? When does it occur?
- [ ] Have you been in an accident? If YES, when did it occur? Please describe.
- [ ] Are you taking medication? If YES, which ones are you taking?

Social History

- [ ] Do you live alone? If NO, who lives with you?
- [ ] Do you have stairs in your home? If YES, how many?
- [ ] Do you have trouble sleeping?

Other

The scale below consists of a number of words that describe different feelings and emotions. Read each item and then indicate how you feel on the average using the numbers

1. slightly/not at all
2. a little
3. moderately
4. quite a bit
5. extremely

interested •

1 2 3 4 5

slightly/not at all — extremely

irritable •

1 2 3 4 5

slightly/not at all — extremely

jittery •

1 2 3 4 5

slightly/not at all — extremely

strong

1 2 3 4 5

slightly/not at all — extremely

nervous •

1 2 3 4 5

slightly/not at all — extremely

enthusiastic •

1 2 3 4 5

slightly/not at all — extremely

distressed •

1 2 3 4 5

slightly/not at all — extremely

alert •

1 2 3 4 5

slightly/not at all — extremely

active •

1 2 3 4 5

slightly/not at all — extremely

excited •

1 2 3 4 5

slightly/not at all — extremely

ashamed •

1 2 3 4 5

slightly/not at all — extremely

afraid •

1 2 3 4 5

slightly/not at all — extremely

upset •

1 2 3 4 5

slightly/not at all — extremely

inspired •

1 2 3 4 5

slightly/not at all — extremely

hostile •

1 2 3 4 5

slightly/not at all — extremely

guilty •

1 2 3 4 5

slightly/not at all — extremely

determined •

1 2 3 4 5

slightly/not at all — extremely

proud •

1 2 3 4 5

slightly/not at all — extremely

scared •

1 2 3 4 5

slightly/not at all — extremely

attentive •

1 2 3 4 5

slightly/not at all — extremely

Functional Status

Are you independent in self-care activities?

- [ ] YES
- [ ] NO

Can you drive in the daytime?

- [ ] YES
- [ ] NO

Can you drive in the nighttime?

- [ ] YES
- [ ] NO

Are you working?

- [ ] YES
- [ ] NO
- [ ] N/A

Are you on Medical Disability?

- [ ] YES
- [ ] NO

Are you able to:

- [ ] Watch TV comfortably?
- [ ] Go shopping?
- [ ] Work on a computer?
- [ ] Read?
- [ ] Be in traffic?
- [ ] Be in a noisy place?

Initial Visit

For the following, please pick the one statement that best describes how you feel

- [ ] Negligible symptoms
- [ ] Bothersome symptoms
- [ ] Performs usual work duties but symptoms interfere with outside activities
- [ ] Symptoms disrupt performance of both usual work duties and outside activities
- [ ] Currently on medical leave or had to change jobs because of symptoms
- [ ] Unable to work for over one year or established permanent disability with compensation payments

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