



## Preparing for your Vestibular Evaluation

Thank you for choosing Audiology Services of West Virginia, LLC for your balance and hearing healthcare needs. Our balance program is built on collaboration between our clinic and Mountain River Physical Therapy, allowing us to provide thorough diagnostic and treatment options to our patients.

**Your balance evaluation will involve no pain or risk and may require more than one visit to our clinic if further testing is recommended. Testing typically lasts approximately 90 minutes.**

- 1) Please bring your photo ID, insurance card and a list of current medications to your appointment.
- 2) Certain medications can influence the body's response to the test, thus giving a false or misleading result. If possible, **please refrain from taking the following medications for 48 hours prior to your appointment.** Anti-vertigo medicines: Anti-vert, Ru-vert, or Meclizine; Anti-nausea medicine: Atarax, Dramamine, Compazine, Antivert, Bucladin, Phenergan, Thorazine, Scopolomine, Transdermal.
- 3) **Vital medications SHOULD NOT be stopped.** Continue to take medications for heart, blood pressure, thyroid, anticoagulants, birth control, antidepressants, and diabetes. If you are unsure about discontinuing a particular medication, please call your physician to determine if it is medically safe for you to be without them for 48 hours.
- 4) Eat lightly the day of your appointment.
- 5) Do not wear any makeup, including mascara, eye liner, or face lotions.
- 6) Do not consume alcohol or recreational drugs for 48 hours prior to your appointment.
- 7) Wear comfortable clothing.
- 8) Testing may cause a sensation of motion that may linger. If possible, we encourage you to have someone accompany you to and from the appointment. However, if this is not possible, try to plan your day to include an extra 15 to 30 minutes after your test before leaving the office.

We will contact you the day prior to confirm your appointment and to answer any questions you may have at that time. If an emergency arises and requires you to reschedule your appointment, **we require notification 48 hours in advance.** It is important to thoroughly read through the information provided and fill out all the forms to completion to the best of your ability. If you have any questions prior to testing, please do not hesitate to contact our clinic.



## Vestibular Case History

1. Type of Dizziness:
- Patient spinning
  - Room spinning
  - Disequilibrium / off-balance
  - Light-headed
  - Other: \_\_\_\_\_

2. Duration of Dizziness:
- Seconds to 1-minute
  - Hours
  - Days
  - Weeks
  - Other: \_\_\_\_\_

3. What makes it better / worse? \_\_\_\_\_

4. Vestibular-acting medication within past 48 hours?  YES  NO

5. Vision History: \_\_\_\_\_

6. Pain or Neuropathies: \_\_\_\_\_

7. History of cervical spine issues: \_\_\_\_\_

8. OTHER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**History of Present Condition:**

What are your symptoms?

When did your symptoms begin?

What do you think caused your symptoms?

How did your symptoms begin?  Gradually  Suddenly

Since onset, how are your symptoms?  Better  Worse  Same

What aggravates your symptoms?

What relieves your symptoms?

**Past Medical History:**

Please describe your past medical history.

Is there any history of head trauma, concussions or whiplash?  Yes  No

Is there a history of headaches?  Yes  No

If so, for how long and how often?

Is there a history of neck pain?  Yes  No

Has there been any recent changes in your vision?  Yes  No

If so, please describe:

**Surgeries:**

Have you had any cervical spine surgeries in the past?  Yes  No

If yes, please list type and date of surgery:

Have you had any other surgeries in the past?  Yes  No

If yes, please list type and date of surgery:

**Medication:**

Please list all current prescriptions and over the counter supplements taken.

Please list any allergies to medications.

Has there been any recent changes in medications?