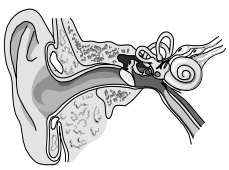
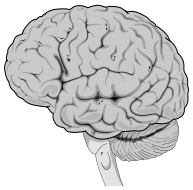


OTONEUROLOGY QUESTIONNAIRE

DIZZINESS
IMBALANCE
HEARING PROBLEMS



Chicago Dizziness and Hearing
645 N. Michigan, Suite 410
Chicago, Illinois, 60611
Voice: 312-274-0197, Fax: 312-376-8707
reception@dizzy-doc.com for scheduling

Your Name: _____ Send report to: _____

Todays Date: _____ Address: _____

_____

Date of Birth: _____ Phone/Fax: _____

This is the first visit questionnaire for Dr. Hain. If you are scheduled to see Dr. Cherchi for the first time, please use his online questionnaire. https://questionnaire.dizzy-doc.com/for the link to Dr. Cherchi's questionnaire. If you have already filled it out within the last 3 years don't do it again.

Once you are done, please return this questionnaire to us via mail or fax. This allows us to make your visit more efficient, and potentially avoid a second visit to the clinic for testing. While we will accept email attachments too, some email systems are not private, and if you do this, you are taking on a privacy risk.

Your care will be more efficient if you provide us with pertinent test results, such as CT of the head and neck, MRI of the head and neck, hearing tests including all audiograms, and tests of balance function such as VNG, VEMP or rotatory chair tests. We use EPIC as our EMR which means that we can usually find results for patients who use MYCHART.

If you have CD's of any MRI or CT scans of your head or neck, please bring them with you so we can review them. If you do not bring them, we will request them from the institution where they were done.

Legal stuff: Please note that it is CDH's policy that we do not perform services that are outside the scope of direct medical care. For instance, unless mandated by state or federal law, we will not do paperwork related to worker's compensation, disability, functional capacity evaluations, etc., nor do we respond to attorney queries.

OTONEUROLOGY QUESTIONNAIRE

1. Chief Complaint

I am here because of (circle all that apply)

Dizziness (such as vertigo, rocking)

Imbalance (such as stumbling, falls, swaying)

Hearing Problem (hearing loss, tinnitus, fullness, hyperacusis)

2. History of Present Illness

My symptoms started on: _____

Circle the symptoms that you have now.

- Spinning, tumbling, cart-wheeling, tilting or rocking (vertigo)
- Imbalance, falls.
- Nausea, vomiting
- Double, blurred or jumping vision
- Light-headedness
- Ear symptoms (give details later on) – includes tinnitus, hearing loss
- Fainting ?
- Others (describe):

Are the main symptoms constantly present, or do they appear in attacks?

If in attacks,

how often?

how long?

Do you have any warning that an attack is about to start?

Do you have headaches too ?
migraine, sinus, neck, tension, "normal"
If yes, do you sometimes have visual auras ? Y N

OTONEUROLOGY QUESTIONNAIRE

Are your dizziness, vertigo or imbalance, or hearing problems affected by: (don't mark if not applicable or don't know)

Activity	**Worsens**	**No effect**	**Improves**
Turning over in bed			
Standing up from sitting			
Rapid head movements			
Walking in a dark room			
Motion such as airplane, boat or car travel			
Loud noises			
Bright lights			
Weather changes such as low pressure			
Coughing, blowing the nose, or straining			
Grocery stores, narrow or wide open visual spaces			
Exercise			
Driving a car			
Foods, eating or not eating, salt, monosodium glutamate (MSG)			
Particular seasons			
Stress			
Alcoholic beverages			
Menstrual periods			

Are there other triggers?

OTONEUROLOGY QUESTIONNAIRE

REVIEW OF SYSTEMS:

Constitutional

Weight Loss (15 LB or more)

Trouble sleeping?
- Due to dizziness?
- Due to depression?
- Due to snoring ?
- Due to tinnitus ?

CARDIOVASCULAR

- Anemia
- Fainting
- Heart problems
- High cholesterol
- High blood pressure
- Low blood pressure
- Diabetes

Palpitations (abnormal or fast beating) of the heart

CANCER

What type and when?

ENDOCRINE

- Low sugar (hypoglycemia)
- Thyroid disorder

(Women only) are you
- Pregnant or recently pregnant?
- Breast feeding ?
- Perimenopausal?
- Postmenopausal ?
  - With hot flashes ?

PSYCHOLOGICAL

- Treatment by a psychiatrist or counselor
- Depression
- Unusual amounts of stress

PAIN

- Arthritis
- Pain in back of jaw (TMJ)
- Migraine, Sinus or tension headaches
- Low Back Pain
- Neck Pain

IMMUNOLOGIC

- Lupus/other autoimmune disease (such as Sjogren's)

RESPIRATORY

- Asthma
- Pneumonia
- Sinusitis
- Deviated Septum

GASTROINTESTINAL

- Ulcer
- Reflux/Hiatal Hernia
- Irritable bowel

EYE PROBLEMS (other than glasses)

- Crossed eyes, lazy eye
- Poor vision in one eye
- Cataract
- Macular Degeneration
- Double vision?

NEUROLOGICAL PROBLEMS

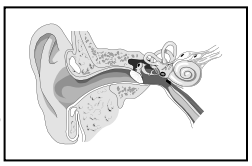
- B12 Deficiency
- Carpal Tunnel
- Memory loss
- Meningitis
- Multiple Sclerosis
- Pins and needles, numbness (where)
- Muscle, paralysis or weakness (where)
- Seizures
- Speech disturbance
- Tremor or incoordination

RENAL/GENITOURINARY

- Bladder Problem
- Sexual function problem
- Kidney problem

OTONEUROLOGY QUESTIONNAIRE

Ear Problems: Have you ever had (circle side)



Abnormal *Sounds* in ear			No	Right	Left
If Yes, is it	Ringing?	Hissing?	Buzzing?	Locust?	
	Roaring ?	Musical?	Voices?		Crickets?
Sensitivity to Noise			No	Right	Left
Fullness or pressure in ear			No	Right	Left
Pain in ear			No	Right	Left
Unable to hear clearly			No	right	Left
Do you use a hearing aid?			No	Right	Left

SOCIAL HISTORY:

Smoking history: Do you smoke, have you smoked in the past ?

How much alcohol do you *drink per week*?

How much *salt* do you use on your food?

What sort of *work* do you do (or used to do)?

How often do you *fly on airplanes*?

Are you presently in litigation or planning litigation about symptoms related to this visit?

Are you disabled due to this or another condition?

Do you drive ?

OTONEUROLOGY QUESTIONNAIRE

PAST MEDICAL HISTORY :

SURGERY

☐ Breast cancer	☐ Cataract	☐ Carotid	☐ C-Section
☐ Ear	☐ Epidural Injection	☐ Hysterectomy	☐ Prostate
☐ Sinus	☐ Stomach	☐ Tonsil	

Other Surgery _____

Injuries (circle)

to ears

to head (for example, concussion -- please list ALL, with DATES)

to Neck.

Exposures (circle)

Loud noise (industrial) Toxins

FAMILY HISTORY

Are there any **family members** with (circle, list):

Dizziness, balance or hearing symptoms:

Balance problems

Hearing loss starting at age < 40

Otosclerosis

Vertigo or dizziness

Meniere's syndrome

Symptoms like your own

Convulsions or seizures

Migraine headaches

Other diseases that run in the family? (please list)

What is your ethnicity ? (some genetic populations, such as French Canadian are more prone to develop dizziness than others). If you would rather not say, we will just try to figure it out at the time of visit.

MEDICATIONS

10a. What are your current medications, include hormones, allergy shots, birth control pills, vitamins, etc. (Name and amount/day)? -- If you are a MYCHART USER – you can skip this.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

10b. What other medications have you taken in the last 5 years, for this problem or others?

1.
2.
3.
4.
5.

OTHER THERAPIES

Have you undergone physical therapy for your condition?	☐
Chiropractic treatment?	☐
Acupuncture?	☐
Alternative medicines (such as Ginkgo, St. Johns Wort?)	☐

10d. **Have you ever taken any of the following drugs? Mark the ones that you have taken.**

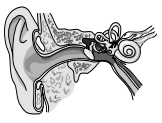
☐ Aspirin, in large dosage
☐ Cisplatin (for cancer)
☐ Furosemide (Lasix)
Intravenous antibiotics --
- ☐ **Gentamicin** (antibiotic)
- ☐ Kanamycin (antibiotic)
- ☐ Streptomycin (obsolete antibiotic)
- ☐ Tobramycin (antibiotic)
- ☐ Vancomycin (antibiotic)

☐ Malaria prevention drugs (chloroquine, Larium)
☐ Tamoxifen (to prevent breast cancer)

PREVIOUS STUDIES

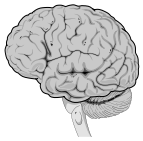
Have you had any of these tests? (date if done and note result if known) –

EAR TESTS: (if there are no results available for some of these tests, we may do them over)



- ☐ ABR or BAER test (evoked potential test)
- ☐ ECOG (evoked potentials for Meniere's syndrome)
- ☐ ENG Caloric test (hot and cold, water or air in ear),
- ☐ Hearing test (audiogram)
- ☐ Posturography test (balance test on a platform)
- ☐ Rotatory Chair test (spinning chair test)
- ☐ VEMP (vestibular evoked myogenic potential)
- ☐ VHIT (video "head impulse test")

NEUROLOGICAL TESTS



- ☐ Carotid Doppler or cerebral angiogram
- ☐ EEG (Brain wave test for seizures)
- ☐ Lumbar puncture (spinal fluid examination, spinal tap)

GENERAL MEDICAL TESTS

- ☐ Recent general medical checkup?
- ☐ Recent general blood tests
  - blood count
  - Cholesterol
  - Glucose
  - Thyroid tests (for example, TSH)
  - B12
- ☐ Heart testing (EKG, Echo, Stress test, Holter Monitor)
- ☐ Tilt table test

X-RAYS and MRI scans

- ☐ Chest X-ray
- ☐ Ear: CT scan of inner ear (Temporal bone CT)
- ☐ Head: MRI, MRA, MRV and/or CT scan
- ☐ Neck: X-rays, CT or MRI scan
- ☐ Sinus: X-rays or CT scan

Other Important Tests we should know about.