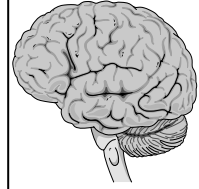


VISION QUESTIONNAIRE

for patients with
DIZZINESS
VISION 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



Your Name: _____

Date of Birth _____

Today's Date: _____

Best way to contact you: _____

This is the first visit questionnaire for Dr. Sorenson. 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 (pdf only), some email systems are not private, and if you do this, you are taking on a privacy risk.

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.

VISUAL VERTIGO QUESTIONNAIRE

1. Chief Complaint

I am here because of (circle all that apply)

Dizziness provoked by vision (movement, patterns, crowds, stores)

blurred vision

double vision

reading problems

driving problems

light sensitivity

my glasses seem to worsen my dizziness

2. History of Present Illness

My symptoms started on: _____

Please describe the events that initiated your visual disturbance.

Have you ever been diagnosed with one of these eye diseases?

Amblyopia (poor vision in one eye since childhood)

Bleeding within the eye

Cataract

Diabetic retinopathy

Nystagmus

Macular degeneration

Retinal detachment

Strabismus (crossed eye)

Vitreous detachment (usually causes floaters)

Glaucoma

Keratoconus

VISUAL VERTIGO QUESTIONNAIRE

Do you have headaches ? - if yes:

migraine, sinus, neck, tension, "normal"

If yes, do you sometimes have visual auras? Y N

Do you ever have blind spots, floaters, distortions, flashes, or colored lights in your vision? Y N

Please specify: _____

When was your last eye exam? _____ Were your eyes dilated? Y N

Have you had eye surgery ?

No

Lasik or PRK (Refractive) surgery

For strabismus (to straighten eyes)

Cataract surgery

Other eye surgery -- _____

VISUAL VERTIGO QUESTIONNAIRE

What kind of glasses/contacts do you wear?

None.

Contacts- if worn please specify brand and power if known _____

For distance.

Monovision- One for far, one for near.

Multifocal

Specialty lenses for keratoconus

Glasses

For distance

For computer

For near

Progressive

Bifocals

Prism glasses

Tinted glasses- what shade _____

How old are your current glasses? _____

If you wear progressive lenses, do you feel they make your dizziness worse? **Y N**

Are you sensitive to fluorescent lights? **Y N**

Do you wear sunglasses? **Y N**

What shade ? _____

Does wearing sunglasses indoors make you more comfortable? **Y N**

Have you ever been diagnosed with dry eyes? **Y N**

Do you currently use any eyedrops? **Y N**

Please specify: _____

VISUAL VERTIGO QUESTIONNAIRE

What treatments are you currently pursuing to help with your dizziness?

Are there any eye diseases that run in your family? _____