



OTONEUROLOGY QUESTIONNAIRE



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Please fill out this first visit questionnaire for Dr. Hain's clinic in OtoNeurology at Northwestern Medicine. If you are a fast typist, it should take about 10 minutes. We prefer that you fill it out using a PDF reader (such as the editor in your browser, or Adobe Acrobat), save it on your device, and send it back via a MyChart message. You can also upload it directly to Dr. Hain using the button below.

IDENTIFYING INFORMATION:

Your Name: (Last, First Middle)

Today's Date:

use arrow

Date of Birth:

CHIEF COMPLAINT -- why are you here? (examples: Dizziness, Hearing issues (such as hearing loss, tinnitus), Migraine, Balance, something else). Just a few words is good.

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HISTORY OF PRESENT ILLNESS:

Tell us the story of your symptoms -- you can go into detail if you want

TRIGGERS OR RELIEVERS for your symptoms ? Examples of triggers include rolling over in bed, moving your head, eating salt. Examples of relievers might be medication that works (such as meclizine or a migraine medication)

HEAD PAIN? If you have head pain, where is it, how often, how severe, anything else go along with it (such as spots in vision or dizziness? What do you think causes your head pain (for example sinus, tension, migraine, Grinding teeth)

EAR PROBLEMS: Do you have hearing loss, tinnitus, ear pain or fullness ? Do you use (or need) hearing aids ?

REVIEW OF SYSTEMS: What other health problems do you have ? Include your general health, heart, any cancer, any thyroid problems, psychological issues (like anxiety), pain, breathing problems, eye problems, kidney or digestion problems, and neurological problems. Infections such as Covid. Are you "double jointed"? Have TMJ?

PAST MEDICAL HISTORY: Please tell us about previous major illnesses. Especially involving your ears, brain or eyes.

PAST SURGERY: Please tell us about previous surgeries. Especially surgery to your ear, eyes, head or neck.

SOCIAL HISTORY -- are you working?, in school ?, retired?, disabled ? Do you currently drive an automobile? Are you presently in litigation or planning litigation about symptoms related to this visit?

DIET AND SUBSTANCES. Do you smoke, use alcohol, have an unusual diet (such as vegan, gluten free). Is there anything you don't eat because it makes you sick ?

FAMILY HISTORY:

Are there any diseases that run in your family? Especially dizziness or hearing related, or migraine headache.

INJURIES: to your ears, head or neck Include recent motor vehicle accidents or falls. Have you been exposed to loud noise in your occupation or hobbies? Examples might be playing the drums, working in the trades, riding a Harley.

OTHER -- is there something else we should know?

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MEDICATIONS: If you are a MYCHART USER – please fill this out anyway, as we cannot see Mychart until you are checked into the clinic, so this really helps

MEDICATIONS CURRENTLY TAKING:

IMPORTANT PAST MEDICATIONS:– any intravenous antibiotics (such as Gentamicin), or Amiodarone (for heart conditions), very large amounts of ibuprofen or similar medications, steroids. If migraine medications have been tried (and presumably failed), please list.

OTHER THERAPIES: Have you tried physical therapy or chiropractic treatment ? Other treatments ?

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PREVIOUS STUDIES: What tests have been done so far to diagnose your condition ? Examples include ear tests (such as hearing test, VENG, rotatory chair, VEMP, VHIT), Heart tests (such as Echo, ECG, Holter or ZIO patch), Imaging of your brain or neck (such as MRI, CT scan, Angiogram). Again, although this may be "all on Mychart", this is not accessible until you check-in to the clinic, and it really helps to briefly list them here.

If you have CDs of any images of your head or neck, please bring them with you so we can review them.
(We will review images done at Northwestern Medicine, but we can't "see" ones done elsewhere)

Thank you for filling this out ! Please save the filled out PDF for backup, and get it to us at least a few days before the visit. You can upload the PDF using Mychart or Upload the PDF to Dr. Hain using the button