Oakville Trafalgar Memorial Hospital 327
Reynolds Street
Oakville, ON L6J 3L7
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7030 Derry Road
Milton, ON L9T 7H6
Tel: (905) 876.7022
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Georgetown Hospital
1 Princess Ann Dr.
Georgetown, ON L7G 2B8
Tel: (905) 873.4598
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VESTIBULAR ASSESSMENT - PART 1 DATE: _____

Name: _____ Age: _____ Occupation: _____

Family/Referring Physician: _____

Describe the major problem or reason you are seeing us: _____

_____

When did the problem begin: _____

Specifically, do you experience spells of vertigo (a sense of spinning)? YES NO

If YES, how long do these spells last? _____

When was the last time the vertigo occurred? _____

Is the vertigo:

Spontaneous	YES	NO
Induced by motion	YES	NO
Induced by position changes	YES	NO

Do you experience a sense of being off-balance (disequilibrium)? YES NO

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

Constant	YES	NO
Spontaneous	YES	NO
Induced by motion	YES	NO
Induced by position changes	YES	NO
Worse with fatigue	YES	NO
Worse outside	YES	NO

Does the feeling of being off-balance occur when:

Lying down	YES	NO	Sitting	YES	NO
Standing	YES	NO	Walking	YES	NO

Do you OR have you fallen (to the ground)? YES NO

If YES, please describe? _____

How often do you fall? _____

Have you injured yourself? _____

Do you stumble, stagger or side-step while walking? YES NO

Do you drift to one side while you walk? YES NO

If YES, to which side do you drift? Right Left

Past Medical History

Do you have: Diabetes	YES	NO	Heart Disease	YES	NO
Hypertension	YES	NO	Headaches	YES	NO
Arthritis	YES	NO	Neck Problems	YES	NO
Back Problems	YES	NO	Pulmonary Problems	YES	NO
Hearing Problems	YES	NO			
Visual Problems	YES	NO			

TURN OVER →