



HISTORY AND PHYSICAL FOR DIZZINESS

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DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Brief History of dizziness: \_\_\_\_\_

Onset: \_\_\_\_\_ Frequency: \_\_\_\_\_

Duration of spells: seconds minutes hours days constant

Symptoms (circle): nausea vomiting room spinning
stagging (right/left) cold sweats passing out
light headed falling constant/intermittent

Positional Correlation (circle): lying flat turning in bed (right/left)
fast movement looking up/down

Hearing loss? Which ear? Steady or fluctuant?
Tinnitus? Which ear? Steady or fluctuant?
Fullness in ears? Which ear? Steady or fluctuant?

Previous testing or X-rays? \_\_\_\_\_

Previous diagnosis? \_\_\_\_\_

Previous treatment for dizziness? \_\_\_\_\_ by Doctor \_\_\_\_\_

General history (please circle those that apply):

- heart slurred speech ear injury
hypertension blurred vision head injury
hypotension stroke anxiety
circulation confusion nicotine
anemia loss of consciousness alcohol
diabetes high cholesterol caffeine

Physician Use Only:

Neuro-Otological Examination:

Romberg: Cerebellar: Cranial N VII-XII: EOM: Gaze nystagmus
Sharpened Finger to nose Eyebrow raise
Tandem Rapid alternating motion Eye squeeze
Tandem Sharpened Smile symmetry
Cheek puff
POSITIONAL TEST: Right Left Shoulder shrug
Nystagmus: Horizontal Rotary Fatigable Latent Tongue symmetry
Gag reflex

AUDIOGRAM Results: Normal Sensorineural loss Conductive loss Right Left

VNG Results: BPPV Central Peripheral Right Left Cervical Vestibular Ocular Reflex

MRI/CT Results :