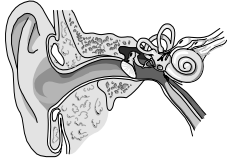
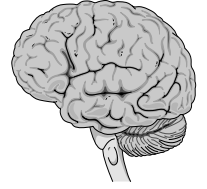


VISUAL VERTIGO QUESTIONNAIRE



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: _____

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.

If you have already filled out a dizziness/hearing questionnaire at CDH, you can omit the **general** sections that you have already covered.

VISUAL VERTIGO QUESTIONNAIRE

1. Chief Complaint

I am here because of (check all that apply)

Vision Problem alone:
blurred vision
double vision
sensitive vision
reading problems
driving problems

Dizziness provoked by vision.

Note: if you are already seeing a CDH doctor for a different reason, such as headache, vertigo or another neurological problem, just fill out the visual questions.

2. History of Present Illness

My symptoms started on: _____

Please describe the events that initiated your visual disturbance.

Circle the symptoms that you have now.

- Double vision
- Blurred vision
- Words jumping or moving on the page while reading
- Slow reading speed or poor reading comprehension
- Dizziness, light-headedness or nausea when performing **close-up activities** (such as computer work, reading, writing).
- Dizziness, lightheadedness or nausea when performing **far-distance activities** (driving, television, movies, etc).
- Dizziness, lightheadedness or nausea in "big box" stores such as Target, Walmart, Meijer, etc ?)
- Poor depth perception
- Sensitivity to bright lights- Sunlight? Fluorescent light? Both?
- Eyestrain during computer work or reading
- Dry eyes
- Flashes or floaters

VISUAL VERTIGO QUESTIONNAIRE

- Other visual problem (describe):

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
Latent nystagmus (jumping of eyes in persons with strabismus)
Macular degeneration
Retinal detachment
Strabismus (crossed eye)
Vitreous detachment (usually causes floaters)
Glaucoma
Keratoconus

Do you have headaches ? - if yes:

migraine, sinus, neck, tension, "normal"

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

Do any of these things make you sick?

Bright or fluorescent light
Loud noise
Strong smells
Visual motion or crowded environments
Weather fronts
Certain foods

VISUAL VERTIGO QUESTIONNAIRE

When was your last eye exam? _____

Have you had eye surgery ?

No

Lasik or PRK (Refractive) surgery

For strabismus (to straighten eyes)

Cataract surgery

Other eye surgery -- _____

What kind of glasses/contacts do you wear ?

None.

Contacts

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

Sunglasses -- What shade ?

VISUAL VERTIGO QUESTIONNAIRE

REVIEW OF SYSTEMS: (General)

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

Palpitations (abnormal or fast beating)
of the heart

CANCER

What type and when?

ENDOCRINE

Diabetes

Low sugar (hypoglycemia)

Thyroid disorder

(Women only) are you

- pregnant?
- 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

Allergy (to what?)

Lupus/other autoimmune disease

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



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/GENTOURINARY

Bladder Problem

Sexual function problem

Kidney problem

VISUAL VERTIGO QUESTIONNAIRE

PAST MEDICAL HISTORY : (General)

SURGERY

- | | | | |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Cataract | <input type="checkbox"/> Carotid | <input type="checkbox"/> C-Section |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Epidural Injection | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Stomach | <input type="checkbox"/> Tonsil | <input type="checkbox"/> Eye |

Other Surgery _____

Injuries (circle if recent, and explain if yes)

head (for example, concussion -- please list ALL)
When was it ? What happened ? Did you lose consciousness ? For how long ?

eyes or eye muscles (for example, fracture of bones around eyes)

Exposures (circle)

Loud noise (industrial)

Toxins such as chemicals

VISUAL VERTIGO QUESTIONNAIRE

PAST MEDICAL HISTORY: PREVIOUS STUDIES (General)

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

EYE TESTS:

- Refraction (perhaps for glasses)
- Visual Fields (“Humphrey, Octopus”)
- Glaucoma test (“tonometry”)
- Slit lamp
- Ophthalmology consultation (MD type eye doctor)



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
- 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
- PET scan
- Sinus: X-rays or CT scan

Other Important Tests:

VISUAL VERTIGO QUESTIONNAIRE

SOCIAL HISTORY (General)

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?

Is your care being paid for by Workmans Compensation ?

Are you disabled due to your condition? Or are you applying for disability ?

Do you drive ?

VISUAL VERTIGO QUESTIONNAIRE

FAMILY HISTORY (General)

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

Eye Diseases

Macular Degeneration

Strabismus

Blindness

Glaucoma

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 Ashkenazi are more prone to develop certain eye problems than others)

VISUAL VERTIGO QUESTIONNAIRE

MEDICATIONS (General)

10a. What are your current medications, include hormones (including birth control, Mirena and Norplant), allergy shots, vitamins, etc. (Name and amount/day)?

- 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.

- 10c. Have you undergone vision rehabilitation 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.**

- Cisplatin (for cancer)
- Malaria prevention drugs (chloroquine, Lariam)
- Tamoxifen (to prevent breast cancer)