

PATIENT NAME:

Date of Consultation: \_\_\_\_\_

PCP (primary care physician):

TEL \_\_\_\_\_ FAX \_\_\_\_\_

Referring Physician:

TEL \_\_\_\_\_ FAX \_\_\_\_\_

Chief Complaint: Why do you need to see Dr. Jen?

What are your symptoms? Describe characteristics of dizziness/imbalance and associated symptoms. Have they changed over time?

How long have you been having these problems? Dates of events and the date/circumstances of the onset of symptoms:

How do you rate your current severity of your symptoms on a scale of 10 (0- symptoms free, 5- moderate, 10- most severe)? At onset?

What are the triggers that would make the symptoms worse or better?

Do you exercise regularly? What do you do?

How do you sleep? Do you wake up feeling refreshed?

How is your diet?

Please list your current and past medical conditions/surgeries with dates:

List any allergies and specific reactions to medications and the dates:

List past medications that you tried for your symptoms, dates you began and quit, any response, and side effects:

Laboratory testing to date? (MRI/VNG/audiograms/blood work)

(Please forward to the office prior to the visit via fax or mail. Please bring MRI/CT scans on CDs to the appointment and provide to the front desk for uploading)

What questions would you like to ask Dr. Jen?

How did you hear about us?

Google/Search Engine

Physician Referral

Peer Referral

Social Media

Other (please specify)