HearSmart
Hearing Solutions

Name: _____

Pre-Appointment Vestibular Patient History

Please fill in with as much detail as you can provide and bring to your appointment. If there is anything you are unsure of, leave blank and move to the next question.

In your own words, please explain your dizziness problem:

How long have you been experiencing this?

Does anything trigger it?

Have you found anything that helps to relieve it?

Tick all that describe your symptoms:

Rocking Sensation	☐	Sudden Falling	☐	Vomiting	☐
Spinning	☐	Tinnitus	☐	Blocked ear	☐
Blurred vision	☐	Lasts 20+ minutes	☐	Hearing loss	☐