VOR Vestibular & Orthopaedic Rehabilitation
55 Erb Street East, Unit 303, Waterloo ON N2J 4K8
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Name: _____ **Date:** _____

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

_____

_____

Please describe, in detail, the circumstances (and the date if possible) when your problem began?

_____

_____

What studies/investigations have been done for this problem (hearing tests, head scans, blood work, etc...)

_____

Have you seen any specialists about this concern? (ENT, neurologist, audiologist)

_____

Do you experience a sense of being off balance (**disequilibrium**)? YES ☐ NO ☐ (if NO, turn page)

If YES, is this **disequilibrium**:

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 ☐
Worse in the dark	YES ☐	NO ☐
Worse on uneven surfaces	YES ☐	NO ☐

Does the disequilibrium occur when:

LYING DOWN	☐	SITTING	☐
STANDING	☐	WALKING	☐

Do you experience a sense of spinning (**vertigo**)? 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 ☐

Have you fallen (to the ground) YES ☐ NO ☐

If YES, please describe _____

How often do you fall? _____ Have you injured yourself? YES ☐ NO ☐

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

Do you drift to one side while walking? YES ☐ NO ☐

If yes, to which side do you drift? RIGHT ☐ LEFT ☐

<u>Functional Status:</u>

Are you independent in self-care activities? YES ☐ NO ☐

Can you drive? YES ☐ NO ☐

Are you working? YES ☐ NO ☐ NOT APPLICABLE ☐

If NO, are you on medical disability? YES ☐ NO ☐

Are you able to: watch TV comfortably? YES ☐ NO ☐

go shopping? YES ☐ NO ☐

read comfortably? YES ☐ NO ☐

be in traffic? YES ☐ NO ☐

For the following, please pick the **<u>one</u>** statement that best describes how you feel?

☐ I have negligible symptoms

☐ I have bothersome symptoms

☐ I perform usual work duties but symptoms interfere with outside activities

☐ Symptoms disrupt performance of both my usual work duties and outside activities

☐ I am currently on medical leave or had to change jobs because of my symptoms

☐ I have been unable to work for 1 year or have established permanent disability with compensation payments