UTAH EAR INSTITUTE
HEARING-BALANCE-TINNITUS

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You are scheduled to have a test of your balance system on

_____

at _____. The test will take approximately 2(two) hours. The purpose of this test is to further evaluate complaints of dizziness, poor equilibrium, and certain hearing problems. The test attempts to distinguish the source of your problem; one ear, both ears, the brain, or other parts of the balance system. The test is not painful. However, you may feel dizzy for a short time after the test, so we suggest you arrange for someone to drive you home after the testing is complete.

In order to obtain the most valid, highest quality results from the test, and for your comfort, you are asked to please comply with the following instructions:

1. The following types of medications interfere with the test and should be **discontinued 24 hours prior to the test:**
    a. **Sedatives**: Dalmane, Seconal, Nembutal, Phenobarbital
    b. **Motion Sickness**: Antivert, Dramamine, Meclizine, Bonine
    c. **Antihistamines**: Benadryl, Dimetapp, CIM, Drixoral
    d. **Tranquilizers**: Valium, Traxene, Xanax
    e. **Antidepressant Mood Elevators**
    f. **Sleeping Pills**

    **Do not discontinue medicines prescribed for heart or lung problems, seizures, diabetes, or blood pressure control.** Please call us if you have any questions.

2. Abstain from alcohol and caffeine for **24 hours** before the test. Products containing caffeine include many soft drinks, coffee, tea, cola and chocolate.

3. If medically possible, abstain from food and drink for four (4) hours before the test. If you are a diabetic, or have a similar disorder, eat a light meal and continue your regular routine.

4. You will be asked to remove glasses and/or contact lenses before testing.

5. Do not wear make-up or use facial moisturizers or face creams the day of the test. Wear loose, comfortable clothing and flat-heeled shoes for the test.

You may contact our office if you have any questions, or if you require additional information about the test by calling us at **801-298-4327**; we will be happy to answer any of your questions.

If you need to cancel your appointment for any reason, please contact our office **24 hours in advance to avoid a $35 cancellation fee.** We look forward to seeing you!

Utah Ear Institute

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HEARING-BALANCE-TINNITUS

Dr. Joshua Luekenga, Au.D

Patient Name _____ Date_____

1. Please describe your symptoms:
2. When did these symptoms begin?
3. Did your symptoms come on ☐ gradually or ☐ suddenly?
4. Have symptoms become ☐ worse (more frequent or more severe) or ☐ have they improved?

5. Check all that apply to your dizzy spells:

- ☐ Preceded by flu or cold
- ☐ Spinning sensation
- ☐ Falling to one side
- ☐ Trouble walking in the dark
- ☐ Comes in attacks
  - How often? _____
  - How long? _____
- ☐ Free from dizziness between attacks
- ☐ Nausea
- ☐ Lightheadedness
- ☐ Swimming sensation
- ☐ Dizzier in certain positions
  - Which positions:_____
- ☐ Dizzy when lying down
- ☐ Better if you sit or lie perfectly still
- ☐ Fullness, pressure, or ringing in your ears
- ☐ Imbalance

6. Check all that apply to other sensations you may have:

- ☐ Blacking out or fainting when dizzy
- ☐ Dizzy or unsteady constantly
- ☐ Severe or recurrent headaches
- ☐ Double or blurry vision
- ☐ Numbness in face or extremities
- ☐ Weakness or clumsiness in arms, legs
- ☐ Slurred or difficult speech
- ☐ Difficulty swallowing
- ☐ Tingling around mouth
- ☐ Spots before eyes
- ☐ Jerking of arms and legs
- ☐ Confusion or memory loss
- ☐ Dizzy when stand up quickly
- ☐ Weakness/faintness a few hours after eating

7. Check all that apply to your hearing:

- ☐ Difficulty hearing Right/Left
- ☐ Ringing Right/Left
- ☐ Fullness Right/Left
- ☐ Pain Right/Left
- ☐ Discharge Right/Left
- ☐ Hearing change Right/Left
- ☐ Exposure to loud noises Right/Left
- ☐ Previous ear infections Right/Left
- ☐ Change in hearing when dizzy Right/Left
  - How _____
- ☐ Previous ear surgery Right/Left
  - When_____
  - What _____

8. Check all that apply to your medical history:

- ☐ Head injury with loss of consciousness
- ☐ Allergies
  - Medicines: _____
  - Other: _____
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Mental illness
- ☐ Back or neck injury
- ☐ Arthritis
- ☐ Diabetes
- ☐ Thyroid Disease
- ☐ Heart Disease
- ☐ Asthma
- ☐ Migraine headaches
- ☐ Stroke
- ☐ Other: _____

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