DIZZINESS HISTORY

Patient Name:

Chief Complaint: Dizziness
History:
When did the dizziness first occur?

☐yes ☐no Did you have dizziness previously? Please describe:

☐yes ☐no The dizziness occurs in attacks.

☐yes ☐no The dizziness occurs constantly.

If the dizziness occurs in attacks how often do you have attacks?

When was the last time you had dizziness?

Which of the following sensations best describe your dizziness? *Please check.*

☐ Lightheadedness or Swimming sensation in the head.
☐ Blacking out or nearly passing out.
☐ Loss of consciousness.
☐ Objects spinning or turning around you.
☐ Objects drifting when you look at them.
☐ Sensation that you are turning or spinning Inside, with outside objects remaining stationary.
☐ Sensation of unsteadiness while walking.

☐yes ☐no When you are dizzy, do you get a headache?

☐yes ☐no When you are dizzy, do you get nauseated?

☐yes ☐no Do certain **body positions** make your dizziness worse? *Check if apply:*

☐ Lying on back.
☐ Lying on left side.
☐ Lying on right side.
☐ Standing.
☐ Sitting.
☐ Leaning over.
☐ Looking up over head.

☐yes ☐no Does anything else make your dizziness **worse**? *Check all that apply:*

☐ Movement.
☐ Fatigue.
☐ Stress.
☐ Opening eyes.
☐ Exertion.
☐ Emotional upset.
☐ Closing eyes.
☐ Sneezing/coughing.
☐ Hunger.
☐ Menstruation.

☐ yes ☐no Do you know of anything that will stop your dizziness or make it **better**?
Check all that apply:

☐ Keeping head still.
☐ Lying down.
☐ Opening eyes.
☐ Medication (what type?).
☐ Closing eyes.
☐ Other:

EAR PROBLEMS *Check all that apply*:

☐ Ringing in ears. Which ear? ☐right ☐left ☐both
☐ Hearing loss. Which ear? ☐right ☐left ☐both
☐ Ear stuffiness. Which ear? ☐right ☐left ☐both
☐ Ear pain. Which ear? ☐right ☐left ☐both
☐ Ear discharge. Which ear? ☐right ☐left ☐both
☐ Hearing distortion. Which ear? ☐right ☐left ☐both
☐ Feels abnormal. Which ear? ☐right ☐left ☐both

OTHER CAUSES OF DIZZINESS

☐ yes ☐no Have you ever had a significant head injury? When?
☐ yes ☐no Do you have neck problems? What kind of neck problems?

☐ yes ☐no Have had heart beat problems-irregular, fast, or slow?
☐ yes ☐no Did you have heart beat problems at the same time as you were dizzy?

Check if you have the following:

☐ Double vision.
☐ Blind spells.
☐ Face weakness. Which side? ☐right ☐left
☐ Arm weakness. Which side? ☐right ☐left
☐ Leg weakness. Which side? ☐right ☐left
☐ Face numbness. Which side? ☐right ☐left
☐ Arm numbness. Which side? ☐right ☐left
☐ Leg numbness. Which side? ☐right ☐left
☐ Trouble forming words.
☐ Trouble swallowing.
☐ Seizures. When did you have a seizure?
☐ Pain in the jaw joints (TMJ).

Physician: Date Reviewed: