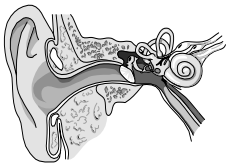
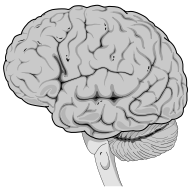


OTONEUROLOGY QUESTIONNAIRE



Return the questionnaire to Dr. Hain using a secure method of your choice:
Fax to UCM: 773-795-4630
UCM MyChart. (https://mychart.uchospitals.edu/mychart)

IDENTIFYING INFORMATION:

Your Name: (Last, First Middle)	
Today's Date:	
Date of Birth:	

This is the first visit questionnaire for OtoNeurology.

This questionnaire is used to get the details of your health situation. If you are a fast typist, it should take about 10 minutes.

We prefer that you fill it out using a free PDF reader (such as Adobe acrobat) and send us the filled out PDF file via MyChart. However, Faxing is the way that most people do it.

If you have CD's of any MRI or CT scans of your head or neck, please bring them with you so we can review them.

Your consult with results will go into the EPIC (Mychart) EMR, and you can see it yourself and print it out after a few days. If you also want it sent to someone who doesn't have Epic access, please provide their names below:

Names of other recipients for report:

OTONEUROLOGY QUESTIONNAIRE

1. CHIEF COMPLAINT -- why are you here? (examples: Dizziness, Hearing issues, Migraine, Balance, something else)

2. HISTORY OF PRESENT ILLNESS:

My symptoms first started on:

Tell us the story of your symptoms

3. HEAD PAIN? If you have head pain, where is it, how often, how severe, anything else go along with it (such as spots in vision or dizziness? What do you think cause your head pain (for example sinus, tension, migraine, Grinding teeth)

OTONEUROLOGY QUESTIONNAIRE

4. TRIGGERS OR RELIEVERS for your dizziness, hearing or headache symptoms ? Examples of triggers include rolling over in bed, moving your head, eating salt. Examples of relievers might be medication that works (such as meclizine or a migraine medication)

5. REVIEW OF SYSTEMS: What other health problems do you have ? Include your general health, heart, any cancer, any thyroid problems, psychological issues (like anxiety), pain, breathing problems, eye problems, kidney or digestion problems, and neurological problems. Infections such as Covid.

OTONEUROLOGY QUESTIONNAIRE

6. EAR PROBLEMS: Do you have hearing loss, tinnitus, ear pain or fullness ? Do you use (or need) hearing aids ?

7. DIET AND SUBSTANCES. Do you smoke, use alcohol, have an unusual diet (such as vegan, gluten). Is there anything you don't eat because it makes you sick ?

8. SOCIAL HISTORY -- are you working?, in school ?, retired?, disabled ? Do you currently drive an automobile? Are you presently in litigation or planning litigation about symptoms related to this visit?

OTONEUROLOGY QUESTIONNAIRE

9. PAST MEDICAL HISTORY: Please tell us about previous surgeries, or major illnesses. Especially surgery to your ear, head or neck.

10. INJURIES: to your ears, head or neck Include recent motor vehicle accidents or falls. Have you been exposed to loud noise in your occupation or hobbies? Examples might be playing the drums, working in the trades.

11. FAMILY HISTORY:
Are there any diseases that run in your family? Especially dizziness or hearing related, or migraine headache.

OTONEUROLOGY QUESTIONNAIRE

12. MEDICATIONS: If you are a MYCHART USER – please fill this out anyway, as we cannot see Mychart until you are checked into the clinic, so this really helps

MEDICATIONS CURRENTLY TAKING:

IMPORTANT PAST MEDICATIONS:– any intravenous antibiotics (such as Gentamicin), or Amiodarone (for heart conditions).

OTHER THERAPIES: Have you tried physical therapy or chiropractic treatment ? Other treatments ?

13. PREVIOUS STUDIES: What tests have been done so far to diagnose your condition ? Examples include ear tests (such as hearing test, VENG, rotatory chair, VEMP, VHIT), Heart tests (such as Echo, ECG, Holter or ZIO patch), Imaging of your brain or neck (such as MRI, CT scan, Angiogram). Again, although this may be "all on Mychart", this is not accessible until you check-in to the clinic, and it really helps to briefly list them here.

Thank you for filling this out ! Please save the filled out PDF, and get it to us at least a few days before the visit (so we can think about it) using Mychart or Fax.