Welcome!

Welcome to Audiology Associates

Audiology Associates offers a comprehensive approach to the science of hearing, from state-of-the-art diagnostic testing services and digital hearing technology to assistive technology and rehabilitative therapy. Our team of fully credentialed and certified audiologist and trained hearing aid dispensers work with you and your physician to accurately assess your needs, then develop a plan of action to ensure you the best hearing possible. At Audiology Associates our focus is simple, we restore people's lives through better hearing, keeping them more active, healthier and feeling younger.

What to Expect at your Appointment?

Your visit will include a variety of simple but technically advanced tests using computers and highly specialized equipment not available in most medical centers. There will be no pins or needle sticks. Your appointment will last 60 – 90 minutes.

Prior to each test an explanation will be given so that you will have a better understanding of what is being tested and why. We make every attempt to make your visit comfortable as well as educational.

We will be sure to discuss the results whenever possible and send all results to your referring physician.

DOs and DON'Ts

So we can obtain accurate results, we ask that you please review the following instructions carefully:

1. Do bring your Photo ID, Insurance Card and List of Medications.
2. Do not wear any makeup, including mascara, eye liner, or face lotions. These products might interfere with the recordings.
3. Do not drink alcoholic beverages for 48 hours before the test.
4. Certain medications can influence the body's response to the test, thus giving a false or misleading result. If possible, please refrain from taking the following medications for 48 hours prior to your appointment. Anti-vertigo medicines: Anti-vert, Ru-vert, or Meclizine; Anti-nausea medicine: Atarax, Dramamine, Compazine, Antiver, Bucladin Phenergan, Thorazine, Scopalomine, Transdermal.
5. Vital medications SHOULD NOT be stopped. Continue to take medications for heart, blood pressure, thyroid, anticoagulants, birth control, antidepressants, and diabetes. If you are unsure about discontinuing a particular medication, please call your physician to determine if it is medically safe for you to be without them for 48 hours.
6. Eat lightly the day of your appointment. If your appointment is in the morning you may have a light breakfast such as toast and juice. If your appointment is in the afternoon, eat a light breakfast and have a light snack for lunch.
7. Testing may cause a sensation of motion that may linger. If possible, we encourage you to have someone accompany you to and from the appointment. However, if this is not possible, try to plan your day to include an extra 15 to 30 minutes after your test before leaving the office.

© American Institute of Balance 2021

Patient Name: _____ **Date of Birth:**

Provider Name: _____ **Appt Date:**

Sex: Male / Female

CURRENT SYMPTOMS

Which of the following bests describes your symptoms?

- ○ Imbalance
- ○ Falling more often
- ○ World spinning around you
- ○ You feel as if YOU are spinning; the world is not spinning
- ○ Nausea
- ○ Lightheadedness
- ○ Other: _____

How long do your symptoms last **without** stopping?

- ○ Seconds
- ○ Minutes
- ○ Hours
- ○ Days
- ○ Symptoms are constant

How many times per **day / week / month / year** *(circle one)* do you have an episode? _____

Did any of the following occur prior to your symptom onset? **(check all that apply)**

- ○ Head trauma
- ○ Motor Vehicle Accident
- ○ Upper Respiratory Infection
- ○ Change in medication
- ○ A Fall
- ○ Other: _____
- ○ A virus or infection, e.g., Shingles, Cold Sores, COVID-19
- ○ Surgery
- ○ Stressful event or high stress

Choose One: Have your symptoms **Improved**/**Changed**/**Stayed the Same** since they began?

If Improved or Changed: How so? _____

Does anything make your symptoms better? _____

BALANCE & FALL SYMPTOMS (Choose Yes or No)

Y **N** Have you fallen in the past year?

If yes: How many times? _____
If no: Have you experienced "near falls" but you caught yourself?

Y **N** Are you afraid of falling?

Y **N** Are you veering/leaning while walking? *If yes:* Which direction? **Right**, **Left**, **Both**

Y **N** Do you have neuropathy, numbness, or tingling in your feet or legs?

© 2022 – American Institute of Balance, Inc.

Y N Has your exercise decreased? *If yes:* Approximately when? _____

Y N Orthopedic injuries? *If yes:* Please explain: _____

DIZZINESS SYMPTOMS

Y N Do you have a history of Migraines? *If yes:* When was your most recent Migraine? _____

Do any of the following trigger your symptoms? **(check all that apply)**

- Increased stress
- Skipping a meal
- Not drinking enough water
- Changes in weather
- Certain foods: _____

Do any of the following **accompany** or occur **immediately prior** to an episode of your symptoms?

(check all that apply)

- Headaches
- Neck Pain
- Hearing Loss:
- Fullness in your ear(s)
- Ringing in your ear(s)
- Shimmers or Sparkles in your Vision
- Sensitivity to **light, sound, smell**

(Choose Yes or No)

Y N My dizziness is intense but only lasts for seconds or minutes

Y N I get dizzy when I turn over in bed

Y N I get short-lasting, spinning dizziness that happens when I bend down to pick something up

Y N I get short-lasting, spinning dizziness that happens when I go from sitting to lying down

Y N I can trigger my dizzy spells when by placing my head in certain positions

Y N I have had a single severe spell of spinning dizziness that lasted for hours to a day

Y N After my big episode of dizziness, I could not walk for days without falling over

Y N I had a spell of spinning dizziness that lasted for hours after I had a cold, virus, or flu

Y N I had hearing loss in one ear at the same time I had the long episode of spinning dizziness

Y N I have spells where I get dizzy, and it is difficult for me to breathe

Y N I feel dizzy all of the time

Y N I am anxious most of the time

© 2022 – American Institute of Balance, Inc.

Y N I am bothered by patterns, screens, e.g., supermarkets

Y N My symptoms increase when I go from laying to sitting or sitting to standing

Y N When I cough or sneeze, I get dizzy

Y N I get dizzy when I strain to lift something heavy

Y N When I speak, my voice sounds abnormally loud to me

Y N My dizziness is provoked with head movements (up/down and/or right/left)

Y N My head is heavy like a bowling ball

Y N I have a headache that is in or starts in the back of my head

Y N When I sit up from lying down, or stand up from sitting, I experience a few seconds of dizziness

MEDICAL HISTORY

Y N Are your Blood Sugar, Blood Pressure, and Thyroid Levels well controlled?

Y N Do you have any known eye/vision issues?

If yes: Please explain: _____

Y N Do you have hearing loss?

If yes: Which ear?

If yes: Was it sudden? **Y N**

Y N Do you wear hearing aids?

Y N I am experiencing ear **Pain** / **Rin**

If yes: Which ear?

IF APPLICABLE: FEMALE HORMONAL HISTORY

Are you **Pre/Peri/Post**-Menopausal?

Y N Did you have a hysterectomy? *If yes:* When? ____/____/_____

Y N Have you had any changes to your contraceptives? *If yes:* When? ____/____/_____

Y N Do you have known hormonal imbalance? *If yes:* Are you being treated for this issue? **Y N**

© 2022 – American Institute of Balance, Inc.

AUDIOLOGY ASSOCIATES

Patient Information

(incomplete forms will delay your appointment)

Name: _____ Middle: _____ Last: _____ ☐ Male ☐ Female

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Social Security #: _____-_____-_____ Date of Birth: _____/_____/_____ Age: _____ Marital Status: _____

Home Phone #: _____ Cell #: _____ E-Mail: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Do you live in a Skilled Nursing or Assisted Living Facility, or Rehab Center? ☐ Y ☐ N

Name: _____ Phone #: _____

EMPLOYMENT STATUS: ☐ Full Time ☐ Part Time ☐ Retired ☐ Not Employed

Employer: _____ Address: _____

Medical Doctor Information:

Referring Physician: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Physician: _____ Phone #: _____

Please state briefly the nature of your problem: _____

Please list operations you have had: _____

Please name any medications you are allergic to or have been advised not to take:

_____

Please Check Any of the Following You Have Had or Currently Have:

☐ Heart Disease	☐ Tuberculosis	☐ Artificial Joints	☐ Diabetes	☐ Cancer	☐ Ringing in Ears
☐ Pacemaker	☐ Breathing Problems	☐ Back Problems	☐ Stroke	☐ Depression	☐ Infection / Wounds
☐ Circulation Problems	☐ Emphysema / COPD	☐ Neck Problems	☐ Parkinson's Disease	☐ Nausea	☐ Blood Disorders
☐ High Blood Pressure	☐ Asthma	☐ Arthritis	☐ Epilepsy / Seizures	☐ Ulcer Disease	☐ Glaucoma

Other: _____

Acknowledgement of Payment (Check All That Apply)

☐ Cash ☐ Check ☐ Visa ☐ Mastercard ☐ Discover

Primary Insurance: _____ ID#: _____ Group #: _____

Primary Card Holder Name: _____ Primary Card Holder Date of Birth: _____/_____/_____

Secondary Insurance Name: _____ ID#: _____ Group #: _____

INITIAL HERE

☐ **I understand that I am ultimately responsible for the balance on my account for any professional services rendered.** I authorize your office to release any information relating to the services obtained here and those services related to my treatment here to other professionals and insurers as may become necessary. I authorize the release of any medical information necessary to process this claim. I authorize payment of medical benefits to the undersigned physician or supplier for services described.

Authorization for Treatment

The patient /legal guardian authorized Audiology Associates to administer appropriate testing and/or treatment for the patient's diagnosis/rehabilitation. The patient/legal guardian agrees that no guarantee or assurance has been made as to the results that may be obtained from the services rendered.

Signature: _____ Date: _____

© American Institute of Balance 2021

AUDIOLOGY ASSOCIATES
www.audiologyassociates-sr.com
hear today, hear tomorrow

VNG Instructions

Please allow 2 hours for your appointment, and we recommend bringing a driver, as you may feel unsteady or disoriented after your testing.

This test evaluates your balance system. A comprehensive series of tests will be performed during your appointment. Prior to each test, an explanation will be given so that you will have a better understanding of what is being tested and why. We make every attempt to make your visit comfortable as well as educational.

You will be instructed to refrain from taking certain medications for 48 hours prior to your test date (please see the list below). Certain medications can influence the body's response to the test, thus giving a false or misleading result. You will find a short list below, however if you have any questions or concerns about discontinuing your medications please consult your doctor.

- **Alcohol**: beer, wine, cough medicine.
- **Analgesics- Narcotics**: Codeine, Demerol, Penaphen, Tylenol with codeine, Percocet, Darvocet.
- **Anti-histamines**: Chlor-trimeton, Dimetapp, Disophrol, Benadryl, Actifed, Teldrin, Triaminic, Hismanol, Claritin ... any over-the-counter cold remedies.
- **Anti-seizure medicine**: Dilantin, Tegretol, Phenobarbital. Anti-vertigo medicine: Anti-vert, Ru-vert, Meclizine.
- **Anti-nausea medicine**: Atarax, Dramamine, Compazine, Antivert, Bucladin, Phenergan, Thorazine, Scopalomine, Transdermal.
- **Sedatives**: Halcion, Restoril, Nembutal, Seconal, Dalmane, or any sleeping pill. Tranquilizers: Valium, Librium, Atarax, Vestaril, Serax, Ativan, Librax, Tranxene, Xanex.

***You may take blood pressure medications, heart medications, thyroid medication, Tylenol, insulin, estrogen, etc. Always consult with your physician before discontinuing any prescribed medication.

Please eat lightly for 12 hours prior to your appointment. If your appointment is in the morning you may have a light breakfast such as toast and juice. If your appointment is in the afternoon, eat a light breakfast and have a light snack for lunch. Please **avoid caffeine in beverages such as coffee or soft drinks**. Please discontinue the use of nicotine products for at least 4 hours prior to the VNG appointment. Facial make-up, including eye liner and mascara, must be removed prior to the exam, as it will interfere with testing procedures. Ear canals should be clear of wax to assure accurate test results. If you have a cold or are experiencing flu symptoms, please call us to reschedule the appointment as soon as possible.

AUDIOLOGY ASSOCIATES
www.audiologyassociates-sr.com
hear today, hear tomorrow

List of medications

This list of medications will affect the results of the tests that you have been scheduled for. *If the medication is listed below, please consult your physician and discontinue use 48 hours prior to testing, upon your physician's approval.*

Please continue to take heart, blood pressure, and diabetes medications. Seizure medication can only be stopped by a physician's approval.

If you have any questions, regarding any other medications not listed, please call the following number (707)523-4740.

Adderall	Dallergy Cap	Mepergan	Remron
Agonists	Dalmane	Meperodome HCl	Restoril
Allegra	Darvocet	Mephenytoin	Ritalin
Alprazolam	Darvon	Mephobarbital	RMS
Amobarbital	Deconamine	Merezine	Robaxin
Amytal	Decongestants	Decongestants	Mesantoin Roxanol SR
Analgesics (Aspirin)	Demerol	Methabital	Roxicodone
Anaspaz	Dexedrine	Methocarbamol	RU-Tuss
Anti-Depressants	Dextrostat	Milltown	RU-Vert-M
Antiasthmatic Products	Diazepam	Mitran	Rynatan
Anticholinergics	Dilantin	Mohan	Scopolamine Topical
Anticonvulsants	Dilaudid	Morphine Sulfate	Secobarbital
Antihistamines	Dimehydrinate	Motrin	Seconal
Antivert	Dimetabs	MS Contin	Sedatives
Antivertigo	Dimetapp	MSIR	Seldane
Antizine	Diphenhydramine	Mudrane	Serzone
Astelin	Dipheniciol	Muscle Relaxers	Sinequan
Atarax	Dizmiss	Mysoline	Sodol
Ativan	Dolene	Narcotics	Soma
Axid	Donnatal	Nembutal	Sudafed
Baclofen	Doral	Norflex	Surax
Barbidonna	Dorcol Decongestant	Norgesic	Tagamet
Belladona Alkaloids	Dramamine	Novafed	Tanxene
Bellafoline	Drixoral	Novahistine	Tavist
Bellergal-S Tab	Effexor	O-Flex	Tedrol
Benadryl	Elavil	Orflagen	Tegretol
Benylin	Entex IA	Omade Orphenadizine	Temaril

Benzadioaepine	Estazolam	Ouadrinal	Temazepam
Benzodiazepines	Ethotoin	Oucizepam	Tigan
Bonine	Etrafon	Oxazepam	Tofranil
Bromfed	Extendryl	Oxycodone HCl	Transderm
Bronkolixir	Fioricet	Paraflex	Triaminic
Bronkotabs	Flexeril	Parafon Forte	Triavil
Bucladlin-S Softabs	Flurazepam	Paxil	Triazolam
Buclizine HCL	Fortis	Paxipam	Trimeprazine
BuSpar	Gemonil	Pediacare	Trimethobenzamide
Buspirone	Halazepam	Decongestant	HLC
Carisoprodol	Halcion	Peganone	Trinal
Centrax	Haldol	Pentobarbital	Trinxene
Cephalon	Hydrocodene	Pepcid	Tussend
Chlordiazepoxide	Hydromorphone HCl	Percadan	Tylenol Allergy/Sinus
Chlorephenesin	HZ-Antagonish	Pergaset	Tylenol w/Codeine
Carbamate	Imipramine	Phenaphen w/Codeine	Tylox
Chlorzoxazone	Klonopin	Phenergan	Valium
Clarinex	L-Hyoschyamine	Phenobarbital	Vertigoheel
Claritin	Levsin	Phenylpropamine	Vicodin
Clemastin	Librax	Phenytoin	Vistaril
Clonazepam	Libritabs	Prazepam	Vivactil
Clorazepate	Librium	Prilosec	Vontrol
Dispostassium	Limbitrol	Primidone	Wellbutrin
Codeine	Lioresal	Promethazine	Wygesic
Codimal-A	Lorazepam	Propoxyphene	Xanax
Compazine	Lovelco	Prosum	Zantac
Cumetidine	Lufyllin-EPG	Provigil	Zoloft
Cyclizene	Maolate	Prozac	Zyrtec
Cyclobenaprine	Mebaral	Pseudoephedrine	Cylert
Meclizine	Ranitidine	Cystospaz	