Blue Ridge Hearing and Balance Clinic

"A Sensible Way to Better Hearing and Balance"

510 Cherry St. #205
Bluefield, WV 24701
Phone: (304) 324-2954
Fax: (304) 324-2955

100 New Hope Road #19
Princeton, WV 24740
Phone: (304) 487-2487
Fax: (304) 431-3367

Referring Physician _____ Date _____

This will introduce my patient

_____

For: ❑ Diagnosis Only ❑ Diagnosis and Treatment

Regarding: ❑ Hearing Problem ❑ Balance Problem ❑ Tinnitus
❑ Speech Problem ❑ Middle Ear Problem ❑ Other _____

Appointment: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Date _____ at _____ A.M. P.M.

Physician Signature _____ UPIN # _____

If referring for balance evaluation please complete remainder of form.

Please evaluate this patient for complaints of dizziness or balance difficulties. The following general medical information and history is intended to allow more thorough evaluation of this patient.

History:

_____ Stroke
_____ Diabetes
_____ Neurologic Disease
_____ Peripheral Neuropathies
_____ Visual Problems
_____ Circulatory Problems

Please have patient bring ALL current medications to their appointment.

We appreciate any medical records that may assist us in our evaluation.

Certain medications can influence the body's response to vestibular tests, thus giving false and misleading results. If possible, please instruct your patient to refrain from taking the following types of medication 24 hours prior to their appointment:

ALCOHOL, ANALGESICS/NARCOTICS, ANTIHISTAMINES, ANTI-EMETIC or ANTI-VERTIGO MEDS, SEDATIVES OR TRANQUILIZERS

Physical Therapy evaluation if indicated _____ OKAY _____ CALL FIRST
Neurologic evaluation if indicated? _____ OKAY _____ CALL FIRST

(map on back)