

# Vestibular and Balance Intake Forms



**Upon completion and for further instructions, please return to: <https://mycatholicdoctor.com/intake-forms/>**

First Name   
Last Name

Today's date

## Balance Concepts - Patient Questionnaire

Please describe the concerns which bring you to Balance Concepts:

How long have you been having symptoms and how did they begin

Are there functional activities in which you are unable or prefer not to participate because of balance/dizziness?

Have you previously participated in Physical Therapy

If yes, please explain

Have you had any falls to the ground?

If yes, how many in the last year?

Most Recent Fall?

What goals would you like to achieve with Physical Therapy

Do you have tinnitus (noise/sounds in ears) in either ear?

If yes, describe the sound:

Have you had a VNG?

If yes, do you know the results

Please list past medical history, or if returning patient, any updates

Please list medications and supplements