coastal physiotherapy

and sports rehabilitation

Spontaneous YES NO Worse outside YES NO Induced by motion YES NO Worse in the dark YES NO Induced by position changes YES NO Does the feeling of being off-balance occur when: Lying down YES NO Sitting YES NO Standing YES NO Walking YES NO Walking YES NO Walking YES NO If YES, how often do you fall? Have you injured yourself? Do you drift to one side while walking? YES NO If YES, to which side do you drift? Right Left Past Medical History Do you have: Diabetes Yes NO Headaches Yes NO Heypertension Yes NO Back Problems Yes NO Arthritis Yes NO Neck Problems Yes NO Neck Problems	<u>VESTIBULAR ASSESSMENT</u>					Date:			
Describe the major problem or reason you are seeing us: When did the problem begin: Specifically, do you experience spells of vertigo (a sense of spinning)? YES NO If YES, how long do these spells last? When was the last time the vertigo occurred? *Is the vertigo: Spontaneous YES NO Induced by motion YES NO Induced by position changes YES NO To you experience a sense of being off-balance (disequilibrium)? YES NO *If YES, is the feeling of being off-balance: Constant YES NO Worse with fatigue YES NO Induced by motion YES NO Worse outside YES NO Induced by motion YES NO Worse in the dark YES NO Induced by position changes YES NO Worse in the dark YES NO Does the feeling of being off-balance occur when: Lying down YES NO Standing YES NO Standing YES NO Walking YES NO If YES, how often do you fall? Have you injured yourself? Do you drift to one side while walking? YES NO If YES, to which side do you drift? Right Left Past Medical History Do you have: Diabetes Yes No Arthritis Yes No Neck Problems Yes N	Name:				_	Age :			
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		Hypertension	Yes	No		Back Problems	Yes	No	
Heart disease Yes No Pulmonary Problems Yes N		Arthritis	Yes	No		Neck Problems	Yes	No	
Hearing Problems Yes No Other:		Heart disease Hearing Problems	Yes Yes	No No		Pulmonary Problems Other:	Yes	No	
What Medications are you taking:	What Medicar	tions are you taking:							