**Screening for Vestibular Rehabilitation**

**Does the patient report one or more of the following *“dizzy”* symptoms:**

[ ] vertigo “room spinning; my head is spinning”

[ ] gaze instability “when I look at things, they bobble"

[ ] lightheadedness "feeling faint"

[ ] imbalance "observable loss of balance"

[ ] disequilibrium "patient feels like they are falling"

**Has the patient fallen in the last 6 months?** [ ] Yes [ ] No

**Does the patient have a prescription for one or more of the following:**

[ ] antihistamine (antivert, bonine/meclizine, dramamine/dimenhydrinate, phenergan/promethazine, compazine/prochlorperazine)

[ ] benzodiazepine (ativan/lorazepam, valium/diazepam)

[ ] antiemetic (zofran/ondansetron, transderm scop/scopolamine)

**Does the patient have auditory complaints?**

[ ] loss of hearing

[ ] ringing in ears

[ ] fullness in ears

**If the patient/caregiver answers YES to any of these questions, a vestibular rehabilitation evaluation is recommended. A qualified vestibular rehabilitation specialist will perform an in-depth assessment.**

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_