



Consent Agreement

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we inform you of our policy regarding the protection of your health information through our Privacy Notice. Please refer to our Privacy Notice, which is available to you along with this consent agreement, for a full explanation of how this office will protect your health information. You may print or view a copy of the notice through our website at: www.ace-pt.org, by clicking on the **Notice of Privacy Practices** link.

Thank you for your continued confidence in our practice and for supporting our new requirements.

The following is a statement that allows us the necessary latitude to work within the new requirements.

I, _____, have been presented with a Privacy Notice explaining my rights regarding my protected health information. I consent to the use and/or disclosure of my protected health information for the purposes of treatment, payment or other health care operations (TPO). If I require the services of an in-house and/or outside language interpreter*, my protected health information may be disclosed in order to provide effective and efficient medical treatment.

Patient's Name

Witness

Patient/Responsible Party's Signature

Date

*Outside interpreter's name: _____

Address: _____

Phone: _____

- 2841 Hartland Rd, # 401B • Falls Church, VA 22043 • (703) 205-1233
- 108 Elden Street, #12 • Herndon, VA 20170 • (703) 464-0554
- 19465 Deerfield Ave, #311 • Leesburg, VA 20176 • (703) 726-9702
- 12011 Lee Jackson Memorial Hwy, #101 • Fairfax, VA 22030 • (703) 273-4616
- 2877 Duke Street • Alexandria, VA 22314 • (703) 212-8221
- 8230 Boone Blvd, #202 • Vienna, VA 22182 • (703) 288-9066
- 1701 Clarendon Blvd, #110 • Arlington, VA 22209 • (703) 205-1237
- 10123 Colvin Run Road • Great Falls, VA 22066 • (703) 759-7820



PHYSICAL THERAPY VESTIBULAR & BALANCE EVALUATION

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INTAKE INFORMATION

Date: _____

Patient Name: _____ Ht: _____ Wt: _____ Hand dominance: _____

Physician: _____ Date of birth: _____ Date of onset: _____

Diagnostic tests: VNG/Caloric MRI/CT Audiogram other _____

Surgical procedure: _____ Date of surgery: _____

Return doctor's visit: _____

Past medical history: Heart Conditions High Blood Pressure Hypotension Diabetes High Cholesterol

Headaches History of Migraines History of infection Recent antibiotic use Osteoporosis Falls

Head Trauma Multiple Sclerosis CVA/Stroke Other: _____

Social history: Smoke Drink: amount/how often _____ History of heavy regular drinking

Emergency Contact Name: _____ Number: _____

HISTORY OF PRESENT ILLNESS/SUBJECTIVE

Chief complaint: _____

Setting in which Symptoms first occurred: _____

Description of Symptoms: vertigo (sense of spinning) off-balance lightheadedness/faint

Symptoms are getting: better worse same episodic

Description of Spells: constant spontaneous induced by motion induced by position changes other

Length of time spells occur: seconds minutes hours days other _____

What increases symptoms? _____

What decreases symptoms? _____

Hearing impairments: yes no Explain _____

Changes in hearing since onset: yes no Explain _____

Visual changes since onset: yes no comments _____

Recent falls: yes no comments _____

History of migraines: yes no comments _____

Previous treatments: _____

Job requirements/work status: _____

Other: _____

Patient Signature: _____

Date: _____

Therapist Signature: _____

Date: _____



Musculoskeletal Screen:

- Cervical: WNL Limited:
- LE Strength: WNL Weakness: _____

Auditory Screen:

- Weber Negative Lateralizes: Right/ Left
- Rinne Air Conduction > Bone Conduction Bone Conduction > Air Conduction

Somatosensory Testing

- Sensation:
 - Left LE : WNL/intact Diminished Absent
 - Right LE : WNL/intact Diminished Absent
- Proprioception:
 - Left LE : WNL/intact Impaired Absent
 - Right LE : WNL/intact Impaired Absent
- Coordination:
 - Rapid Alternating movements
 - Alternating foot taps: WNL Dysdiadochokinesia
 - Heel to shin: WNL Dysdiadochokinesia
 - Alternating hand taps: WNL Dysdiadochokinesia
 - Alternating supination/pronation: WNL Dysdiadochokinesia

Postural Control Tests:

- Balance (Romberg):
 - Standing level/ firm surface Eyes Open: WNL Sway: Mild/ Moderate/ Severe / LOB
 - Standing level/ firm surface Eyes Closed: WNL Sway: Mild/ Moderate/ Severe / LOB
- CTSIB:
 - Standing on foam Eyes Open: WNL Sway: Mild/ Moderate/ Severe / LOB
 - Standing on foam Eyes Closed: WNL Sway: Mild/ Moderate/ Severe / LOB
- Fukuda Step test
 - + / -
 - Direction: Right / Left

Gait

- Standard: WNL Unsteady
- With head vertical movements: WNL Unsteady
- With head horizontal rotation: WNL Unsteady
- Tandem Gait: WNL Unsteady
- Comments: _____



Oculomotor Testing:

- Smooth Pursuits (H-test): WNL Saccadic Abnormal ocular ROM
- Saccades (Nose to finger): WNL Abnormal
- Head Thrust: WNL Positive: Right/ Left / Bilateral
- Heave Test: WNL Positive: Right/ Left / Bilateral
- Gaze Stability with fixation:
 - negative
 - 1° 2° 3° Nystagmus: Right / Left
- Gaze Stability without fixation: (use of infrared goggles)
 - negative
 - 1° 2° 3° Nystagmus: Right / Left
- Visual Acuity
 - Static: Line #: _____
 - Dynamic: Line #: _____

Vestibular Testing

- Head Shake without fixation (10 sec): negative Nystagmus: Right / Left
- Hyperventilation without fixation (40 sec): negative Nystagmus: Right / Left
- Vibration Induced Nystagmus:
 - Right: Nystagmus: Right / Left No nystagmus
 - Left: Nystagmus: Right / Left No nystagmus
- Valsalva Induced Dizziness:
 - Patient reported: Yes / No Nystagmus: + / - Direction: _____
- Positional Testing:
 - Dix-Hallpike
 - Right: Negative Nystagmus: Right/ Left Torsional, Up-beating / Down-beating
 - Duration of nystagmus: _____
 - Return to sit _____
 - Associated complaints of dizziness? _____
 - Left: Negative Nystagmus: Right/ Left Torsional, Up-beating / Down-beating
 - Duration of nystagmus: _____
 - Return to sit _____
 - Associated complaints of dizziness? _____
 - Roll Test:
 - Right: Negative Nystagmus: Geotropic / Ageotropic Duration _____
 - Left: Negative Nystagmus: Geotropic / Ageotropic Duration _____

