SOUTHWEST FLORIDA
Center for Hearing and Balance

7780 Cambridge Manor Place
Suite C
Fort Myers, FL 33907

239-332-0707

Patient Name_____ Male_____ Female_____

Marital Status (Circle one): M S D W Date of Birth_____ Age _____

Address_____City_____ State_____ Zip Code_____

Email address _____

Home Phone_____ Work Phone _____ Cell Phone _____

ABOUT YOUR EARS: Do you have any of these symptoms?

YES NO Deformity of the ear
YES NO Drainage from the ear
YES NO Sudden or rapid loss of hearing in the past 90 days
YES NO Acute or chronic dizziness
YES NO Pain in your ears
YES NO Noises, ringing, rushing or roaring in your ears

Which is your better ear? Same Right Left

ABOUT YOUR HEARING:

Do you experience difficulty with the following?

YES NO Understanding conversation
YES NO Hearing in a crowd
YES NO Hearing on the telephone
YES NO Does your hearing fluctuate?
YES NO Have you ever had surgery on your ears?
YES NO Have you ever had chronic ear infections?
YES NO Do you have complaints from friends and family about your hearing?
If you feel you have a hearing problem, how long have you had it? _____
YES NO Does anyone in your family have hearing loss ?
(If so, what relationship? _____)
YES NO Have you ever worked in a loud place or had a loud recreational activity?
(Factory, construction, firearms, bands etc.)
YES NO Have you ever worn a hearing aid?
If yes, what have been your experiences? _____
YES NO If a hearing loss is found are you ready to take steps in rehabilitation?

List Major Medical Problems: _____

List Medications you now take: _____

_____

Who can we thank for referring you to our practice? _____

Who may we discuss your test results and your condition with other than yourself? _____

_____

Signature of Patient _____Date _____

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VNG Instructions

In order to better evaluate your symptoms of imbalance or dizziness you are scheduled to have a series of specials tests. First you will undergo a traditional hearing evaluation, even if hearing loss is not your primary complaint. Dizziness often stems from the inner ear and these evaluations can rule out some common problems that cause dizziness. Next you will have an assessment called Videonystagmography. "V" using video and an infrared camera, "N" nystagmus or involuntary eye movements, "G" to graph measurements. The use of video goggles accurately documents eye movement using infrared signals. With this technology we can not only measure the eye movements, but we can see them and capture video of their movement.
Your eyes movements are directly related to what your inner ear (semicircular canals) is doing. They are the window into the function of the balance system. During the test you will be asked to follow a light with your eyes while the movements of your eyes are being monitored. Then you will be in different simple positions to determine if your balance system is responding normally. Finally the audiologist will present cool and warm air to your ear canal. This will give you a sensation of spinning for a short time while your eye movements are being recorded.

The following preparations MUST be made prior to the test:
Do NOT wear eye make-up. *No shadow, no mascara, no false lashes.*

Do NOT wear earrings.

Do NOT take medicines that make you sleepy, that help you sleep at night, or that control your dizziness (especially Dramamine, Bonine or Mecclizine) for 48 hours before the test.

If you have any questions, please call us (239-332-0707). Consult the prescribing physician if you are concerned about discontinuing any medications.

It may be advisable to eat lightly or to avoid eating prior to the test as you may feel nausea.

You may want to arrange for someone to drive you home in the event you continue to feel dizzy after the test.

THIS TEST REQUIRES **A FULL HOUR** OF THE DOCTOR'S TIME. WE SET THIS TIME ASIDE FOR YOU. IF YOU ARE UNABLE TO MAKE YOUR SCHEDULED APPOINTMENT **PLEASE CALL AT LEAST 24 HOURS PRIOR TO YOUR SCHEDULED TEST TIME** (IF YOUR TEST IS ON MONDAY, PLEASE CALL ON FRIDAY) SO THAT WE MAY FILL YOUR SPOT WITH SOMEONE ALSO IN NEED OF THIS EVALUATION. CANCELLATIONS NOT MADE WITHIN 24 HOURS OF YOUR SCHEDULED TEST TIME, ***WILL INCUR A $150 CHARGE FOR THE UNUSED TIME***.

DIZZINESS QUESTIONNAIRE

PATIENT NAME_____ DATE _____

Do you experience any of the following sensations? Please read the entire list first. Then circle "YES" or "NO" to describe your feelings most accurately.

YES NO Lightheadedness?
YES NO Swimming sensation in the head?
YES NO Blacking out?
YES NO Loss of Consciousness?
YES NO Tendency to fall?
  YES NO To the right?
  YES NO To the left?
  YES NO Forward?
  YES NO Backward?
YES NO Objects spinning or turning around you?
YES NO Sensation that you are turning or spinning inside, with outside objects stationary?
YES NO Loss of balance when walking?
  YES NO Veering right?
  YES NO Veering left?
YES NO Headache?
YES NO Nausea or vomiting?
YES NO Pressure in the head?
YES NO Difficulty hearing?
  YES NO Both ears?
  YES NO Right only?
  YES NO Left only?
YES NO Noise in your ears?
  YES NO Both ears?
  YES NO Right only?
  YES NO Left only?
YES NO Fullness or stuffiness in your ears when you feel dizzy?
  YES NO Both ears?
  YES NO Right only?
  YES NO Left only?
YES NO Pain from your ears?
YES NO Discharge from your ears?

Please circle "YES" or "NO" and fill in the blank spaces.

When did the dizziness first occur?_____
YES NO My dizziness is constant
YES NO My dizziness comes in attacks. How often? _____
YES NO I have a warning the attack is going to start. What is it? _____
YES NO I am completely free of dizziness between attacks.
YES NO My dizziness occurs in certain positions. What positions? _____
YES NO I have trouble walking in the dark.
YES NO I can make my dizziness stop. How? _____

DIZZINESS QUESTIONNAIRE (CONTINUED)

YES NO I can make my dizziness worse. How? _____
YES NO I have allergies. To what? _____
YES NO I was exposed to irritating fumes, paints, chemicals at the onset of the dizziness. What substance? _____
YES NO I had an injury to my head. What injury? _____
YES NO I use alcohol. How often? _____
YES NO I had ear surgery. When? What kind? _____
YES NO I get dizzy after exertion or overworking.
YES NO I got new glasses recently. When? _____
YES NO I tend to get upset easily.
YES NO I feel dizzy when I have not eaten for a long time.
YES NO I had a neck injury. When? What kind? _____
YES NO I get migraines.

For Women
YES NO My dizziness occurs in association with my menstrual period.

Have you ever experienced any of the following symptoms? Circle "YES" or "NO" and circle if the symptoms are constant or in episodes.

YES	NO	Double Vision	Constant	In Episodes
YES	NO	Numbness of face or extremities	Constant	In Episodes
YES	NO	Blurred vision or blindness	Constant	In Episodes
YES	NO	Weakness in arms or legs	Constant	In Episodes
YES	NO	Confusion or loss of consciousness	Constant	In Episodes
YES	NO	Difficulty swallowing	Constant	In Episodes
YES	NO	Tingling around the mouth	Constant	In Episodes
YES	NO	Spots before the eyes	Constant	In Episodes

List your medications below: (or provide us with a copy when you arrive for your appointment.

_____

_____

_____

_____

_____

_____

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OUR FINANCIAL POLICY

Thank you for choosing us to care for your hearing and balance needs. We are committed to your better hearing and resolution of your balance problems. Please understand that in order for us to maintain the highest level of care, payment must be received. Payment is considered part of your service. The following is a statement of our Financial Position and Policy, which we require that you read and sign prior to any service.

Sometimes offices offer "Free Hearing Tests". In general, free hearing tests are not really free; instead they are a lure to invite you into their offices so that they may sell you hearing aids. In many cases the evaluation is not complete enough to fit you with hearing aids and is only finished once you have committed to the purchase. If the test is complete, the cost of the test is wrapped up in the price of the devices you purchase. At Southwest Florida Center for Hearing and Balance we believe that the diagnostic tests we provide are of value in and of themselves whether you decide to follow our rehabilitation recommendations or not. We believe that the doctoral degree our clinicians hold affords our patients accurate, reliable diagnostic data followed by insightful interpretation and honest rehabilitation recommendations. A charge will be assessed for any diagnostic procedure we perform.

All patients must complete our information sheet and provide us with updated insurance information if applicable. We will accept assignment of many insurance benefits. However, we do require that any copays or deductibles be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We accept cash, checks, VISA, MasterCard and Discover.

MEDICARE (and most insurance companies) will pay for an initial hearing evaluation, a cochlear implant evaluation, mapping or testing, and videonystagmography (NVG or Balance Testing) when medically necessary **AND** referred by a medical doctor. If your visit is for one of these and you have an order from your doctor, *we can expect payment will be made through your insurance company.*

Medicare and many insurance companies *do not cover* a **routine hearing exam annually**, though your audiologist may recommend you have an evaluation to determine the current status of your hearing and to verify the current settings on your hearing aids are appropriate. In addition, if you are purchasing a hearing aid and an evaluation has not been completed within 6 months, Florida Law requires a new hearing exam to be completed prior to being fitted with new hearing aids. Therefore, if your exam is an annual exam, prescheduled after your hearing aids have been fit, or for the purpose of a new hearing aid fitting, you will be expected to pay at the time of service. The cost for a hearing exam is $125.

Medicare and many insurances also *do not cover* wax removal by an audiologist nor do they cover treatment for BPPV when performed by an audiologist, even though these things are well within the scope of an audiologist's practice. As a result those procedures when performed at Southwest Florida Center for Hearing and Balance will be out of pocket expenses, $65 for wax removal and $115 for BPPV treatment. Dr. Mercer will advise you before doing any treatment to allow you to choose if you want the service performed.

Not all cochlear implant services are covered by insurances; specifically, troubleshooting and counseling and instruction on how to use the device or its wireless components. Non reimbursed cochlear implant services will be charged $65 for each half hour of service.

Thank you for understanding our Financial Position and Policy. **Please let us know if you have questions or concerns.**

I have read and agree to adhere to the above financial policy.

X_____ Date_____