FREEDOM Hearing Center LLC

Waldorf Diagnostic Hearing & Balance Center
3475 Leonardtown Road, Suite 102, Waldorf, MD
(P) (443) 295-7100 (F) (301) 374-8432
www.freedomhearing.com

Pre-Test Instructions for Videonystagmography (VNG)

You were referred to our clinic because you have spoken to your doctor about your symptoms of dizziness, lightheadedness, and/or unsteadiness. A VNG is a test that focuses on your dizziness/vertigo that can be caused by a disturbance in a particular part of your inner ear of balance system. This test is not painful, however it is time consuming (approximately 1 to 1 ½ hours), so please be prompt.

You must have a driver to escort you to and from this appointment as dizziness, lightheadedness, nausea, and vertigo have been reported by some patients as lingering effects of the vestibular testing. Without a driver you will not be able to complete testing unless you sign our VNG Escort Waiver.

Please be sure to eat a light breakfast/lunch prior to your testing time. Please follow the instructions below. Failure to follow the instructions can cause your test to be inconclusive and/or inaccurate.

1. **DO NOT** wear any make-up the day of your test. This includes **eyelash extensions**, eye shadow, eye liner, mascara, and foundation/powder.
2. **DO NOT** take any of the following at least 48 hours (preferable 72 hours) before the test:
    - Anti-nausea medications: Dramamine, Campazine, Bonine, Marezine, Vontrol, Phenergan, Thorazine, etc…
    - Anti-vertigo medications: Meclizine, Antivert, Ru-vert, etc…
    - Tranquilizers: Valium, Librium, Atarax, Vistrail, Equanil, Miltown, Traivil, Serax, Strafon, etc….
    - Sedatives: Nembural, Seconal, Delmane, Doriden, Placidyl, Quaalude, Butisol, or any other sleeping pill
    - Narcotics and Barbiturates: Pheobarbital, Codeine, Demerol, Dilaudid Percodan, Phenaphen, etc…
    - Anti-Histamines: Chlor-trimeton, Dimetane, Disphorol, Benadryl, Actified, Teldrin, Triaminid, Drixerol, Dimetapp, and/or any over the counter remedies
    - Alcohol: any quantity, including beer, wine, and cough medicines containing alcohol
3. **DO NOT** drink any caffeinated beverages (coffee, tea, colas, cocoa, etc…) for at least 8 hours prior to testing.
4. **DO NOT** smoke for at least 8 hours prior to testing

If you have any questions, please feel free to contact us at 443-295-7100.

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135 W. Dares Beach Road
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Solomons
14090 HG Trueman Road
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No Show/Cancellation Policy for VNG Appointments

At Freedom Hearing Center, our goal is to provide quality audiological care in a timely manner. We have implemented a no show/cancellation policy for vestibular appointments, which enables us to better utilize the 90 minutes reserved for vestibular testing.

Cancellation of Appointments

Please be courteous and call our office promptly if you are unable to make your appointment. This time will be reallocated to someone who needs treatment.

If it is necessary to cancel your scheduled office appointment, **we require a 48-hour notice**. Vestibular appointments are in high demand and your early cancellation will give us the opportunity to provide services to another patient in need.

No Show

A "no-show" is someone who misses an appointment without canceling 48 hours in advance. No-shows not only inconvenience our staff, but they also inconvenience other patients in need of audiological care. Failure to arrive at the time of a scheduled appointment will be considered "no-show".

No shows and cancellations with less than a 48 hour notice will receive an invoice for $150 to cover office time. This fee is the patient's responsibility, NO insurance will be filed.

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Name: _____ Date: _____
Referring Physician: _____
Primary Care Physician: _____

Please answer all of the following questions to the best of your ability

Do you experience any of the following sensations (check any that apply):

☐ Lightheadedness	☐ Swimming sensation in head	☐ Blacking out
☐ Tendency to fall	☐ Loss of consciousness	☐ Migraines
☐ Nausea/vomiting	☐ Objects spinning around you	☐ Motion sickness
☐ Pressure in head	☐ Loss of balance when walking	☐ Fear of falling

Please select YES or NO and write your answers

Is your dizziness constant? ☐ Yes ☐ No

How often does your dizziness last? _____

How long do your symptoms last? _____

When did you first experience your symptoms? _____

When was your last episode? _____

Did you ever injure your head? ☐ Yes ☐ No

If yes, please explain

Have you had any recent imaging studies (MRI/CT) completed? ☐ Yes ☐ No

If yes, please explain

Is there any relationship between eating and dizziness? ☐ Yes ☐ No

Can you tell when an attack is about to start? ☐ Yes ☐ No

Do you know of anything that makes your dizziness worse or better? ☐ Yes ☐ No

Worse? _____ Better? _____

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How severe is your dizziness (check any that apply)?

☐ Mild ☐ Moderate ☐ Severe

☐ Getting Better ☐ Getting Worse ☐ Staying the Same

Do you experience any of the following symptoms? Please check box and select the appropriate occurrence.

☐ Double Vision	◯ Constant	◯ In Episodes
☐ Blurred Vision/Blindness	◯ Constant	◯ In Episodes
☐ Numbness in face	◯ Constant	◯ In Episodes
☐ Numbness in arms/legs	◯ Constant	◯ In Episodes
☐ Weakness in arms/legs	◯ Constant	◯ In Episodes
☐ Clumsiness in arms/legs	◯ Constant	◯ In Episodes
☐ Confusion or loss of consciousness	◯ Constant	◯ In Episodes
☐ Difficulty with speech	◯ Constant	◯ In Episodes
☐ Difficulty swallowing	◯ Constant	◯ In Episodes