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Patient Name: \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

**CHIEF COMPLAINT-DIZZINESS**

	<u>LEAVE THIIIS SIDE BLANK FOR DOCTOR'S USE</u>
<b>1. Define that dizziness means to you without using the word "dizzy"?</b>	
<b>2. Do you feel that you are spinning with your dizziness?</b>	
<b>3. Do you feel that you are lightheaded with your dizziness?</b>	
<b>4. Do you feel as if you are drunk or overdosed with the dizziness?</b>	
<b>5. Is the dizziness worse when you get up out of a chair or get up out of bed at night?</b>	
<b>6. Is the dizziness worse when you move your head from side-to-side or look over your shoulder?</b>	
<b>7. How long have you had the dizziness?</b>	
<b>8. Is the dizziness worse when you roll over in bed?</b>	
<b>9. What medication have you taken for the dizziness?</b>	
<b>10. Did the medication help?</b>	
<b>11. Was the medication tolerable?</b>	

**CHIEF COMPLAINT-DIZZINESS- CONTINUED:**

<b>12. Are you gradually getting better or is the dizziness constant?</b>	<u>LEAVE THIIIS SIDE BLANK FOR DOCTOR'S USE</u>
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**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**

<b>13. Have you had any head trauma to cause the dizziness?</b>	
<b>14. Have you had any other neurologic symptomatology in the past?</b>	
<b>15. Do you have any loss of hearing?</b>	
<b>16. Do you experience any ringing or buzzing in your ears or tinnitus?</b>	
<b>17. Do you have any other neurologic symptoms in balance, gait disturbance, or visual disturbance?</b>	
<b>18. Do you have headaches?</b>	
<b>19. Do you have any numbness or tingling with the dizziness?</b>	
<b>20. Have you ever had any imaging studies?</b>  If so, where?	
<b>21. Have you had any neurophysiologic studies?</b>  If so, what?	

**BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS**