



## Vestibular Function Lab Referral Form

Hotel Dieu Hospital site VNG/ENG-Murray Building

Phone: 613-544-3400 ext. 3633 | Fax: 613-544-7461

### Patient Demographics

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B. (yyyy/mm/dd) \_\_\_\_\_

OHIP: \_\_\_\_\_

#### Reason for test:

Dizziness

Tinnitus

Vertigo

Other (specify) \_\_\_\_\_

Unilateral hearing loss

Other hearing loss

Working diagnosis: \_\_\_\_\_

Has the patient had a previous VNG/ENG? \_\_\_\_\_

Has the patient had ear surgery? \_\_\_\_\_

Is there a cavity or perforation? \_\_\_\_\_

Is the ear canal free of wax? \_\_\_\_\_

List of relevant medications: \_\_\_\_\_

#### Please circle tests

-Standard VNG/ENG\*

-Air Calorics

-Fistula test (Impedance Bridge)

-Other \_\_\_\_\_

\*Includes: Gaze tests, Saccades, Tracking, Optokinetic tests, Positions, Headshaking, Spontaneous, and Water Caloric Tests

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
please print

Date: \_\_\_\_\_