



MINDS

Mississauga Institute of Neurological Disorders and Stroke

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VESTIBULAR TESTING REQUISITION FORM

PATIENT INFORMATION

Last Name:		First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (DD/MM/YYYY):			Home #:		Cell #:
Health Card #:					
<input type="checkbox"/> OHIP <input type="checkbox"/> Private Pay <input type="checkbox"/> Motor Vehicle Accident			<input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent		

INDICATION(S) FOR TESTING

- Vertigo Dizziness NYD Tinnitus gait Imbalance
 Other _____

TMs intact?

Right Ear Yes No

Left Ear Yes No

ADVANCED TESTS

Consult if abnormal

Vestibular test battery

Includes VNG/ENG with air calorics; vHIT; and VEMP

Electrocochleography (ECochG) + ABR

(Meniere's disease/ Labyrinthine Hydrops)

*TMs must be intact

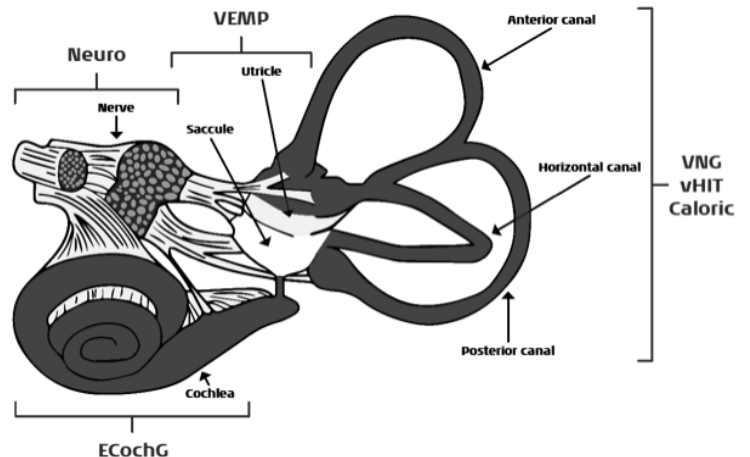
Auditory Brainstem Response (ABR)

(Otoneurologic/Site of Lesion)

Threshold Evoked Potentials (Cortical)

Information for patients:

- If you are having a Balance/Vestibular test (VNG/ENG): Avoid alcohol, medications for dizziness, sleeping pills and relaxants for 48 hrs before the test. Talk to your doctor about what to avoid. For 2 hrs before the test, take no food/drink except water, unless medically necessary. Do not wear eye makeup (eyeliner, mascara), sunscreen, or moisturizers.
- If you do not speak/understand English, bring someone who can interpret English for you.



REFERRING PHYSICIAN INFORMATION

Name:	Billing Number:
Phone:	Fax:
Copies to:	