Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital
Hotel Dieu
Hospital

Hôpital Général de
Kingston General
Hospital

Vestibular Function Lab Referral Form

Hotel Dieu Hospital site - Murray Building
Videonystagmography (VNG)
Phone: 613-544-3400 ext. 3633 | Fax: 613-544-7461

Patient Demographics

NAME: ____________________________ TELEPHONE: ____________________________

ADDRESS: ____________________________ D.O.B.____________________________ (yyyy/mm/dd)

____________________________ OHIP: ____________________________

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Reason for Referral:

- ☐ Dizziness
- ☐ Vertigo
- ☐ Unilateral hearing loss
- ☐ Other hearing loss
- ☐ Tinnitus
- ☐ Other (specify): ____________________________

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: ____________________________

Check off requested testing:

- ☐ Standard VNG*
- ☐ Fistula test (Impedance Bridge)
- ☐ Other____________________________

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

Physician Name: ____________________________ (please print) **Signature:** ____________________________

Date: ____________________________