



# StopFalls CANADA

## Balance and Hearing Clinic

1100 Sheppard Ave, East, Suite 102  
Toronto, ON, M2K 2W1

Tel: 647 345 2444

Fax: 647 345 2445

www.stopfallsclinic.ca

Email: stopfallsclinic@gmail.com

### REQUEST FOR CONSULTATION

- Neurology Consultation
- ENT Consultation
- Audiology Consultation

**\*\* Please add a brief past medical history of your patient to the referral.**

Last Name:	First Name:
DOB (dd/mm/yyyy):	Sex:
Address:	
City:	Postal Code:
Telephone:	
Health Card Number:	
Referring Physician:	
Diagnosis/ Reason for referral:	

Appointment Date:

Time:

✓ PROCEDURES REQUESTED

(Battery of tests may vary based upon to the age and primary concerns)

<ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing Test (&gt;5 years)</li> <li><input type="checkbox"/> ABR (Auditory Brainstem Response)</li> <li><input type="checkbox"/> Tinnitus Assessment <i>(Audio/ABR/VEMP)</i></li> <li><input type="checkbox"/> Tinnitus Management</li> <li><input type="checkbox"/> Hearing Aid Evaluation*</li> <li><input type="checkbox"/> Hearing Aid Check* <i>*Charge applies</i></li> </ul>	<p style="text-align: center;"><b><u>Dizzy Test Battery</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advanced Diagnostic Hearing Tests <i>(Audiometry/Impedance/ABR)</i></li> <li><input type="checkbox"/> ECochG (ElectroCocheloGraphy) <i>(Meniere's Disease/Endolymphatic Hydrops)</i></li> <li><input type="checkbox"/> cVEMP <i>(Cervical Vestibular Evoked Myogenic Potentials)</i></li> <li><input type="checkbox"/> oVEMP <i>(Ocular Vestibular Evoked Myogenic Potentials)</i></li> <li><input type="checkbox"/> VNG (Video Nystagmography)</li> <li><input type="checkbox"/> Particle Repositioning Maneuver <i>(for BPPV)</i></li> </ul>
---	--

### Special Instructions

Instruction for VNG: Please see reverse for details

Please check-in at least 15 minutes early to the appointment to complete paperwork.

## Videonystagmography (VNG) Testing Instruction

This test is typically performed on individuals experiencing dizziness or unsteadiness. A computer is used to monitor your eye movements while performing various visual tasks. Cool and warm air will be placed in the ear canals which may cause some mild dizziness. The dizziness should only last for a few minutes.

Please follow these instructions for the VNG test:

1. Do not eat two hours prior to testing. (NOTE: if you are diabetic or hypoglycemic, please maintain your regular eating schedule.)
2. Please refrain from applying makeup or facial moisturizers – **NO mascara or eyeliner.**
3. Do not consume alcohol at least 24 hours prior to testing.
4. Please let the audiologist know if you have any history of neck or back surgery problems.
5. Medications— some medications may interfere with test results. Refrain from taking sedatives, antihistamines, and drugs for nausea and dizziness for **24 hours prior to testing.** Please consult your prescribing physician about temporarily stopping any medications. If you have any questions concerning other medications that could affect the VNG, please call the Audiology Department at 647 345 2444.

**NOTE:** Please **DO TAKE** your insulin, blood pressure, cardiac-related medications or any other life-supporting medicine.

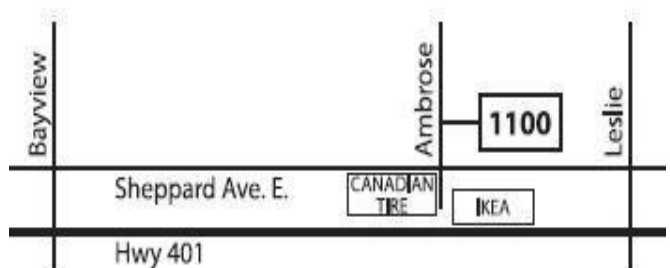
It is recommended that you have someone drive you home after the test.

Following testing, the results will be mailed or faxed to your referring physician.

### Location

Located on **1100 Sheppard Ave, East, Suite 102 (main floor)**, our office is easily reached via car or public transit (TTC, Leslie subway station).

Free parking is conveniently located and our building as well as office is wheelchair accessible.



Tel: 647 345 2444