

1 Patient Information
1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Vertigo / Dizziness Evaluation	_____		_____
Symptom Laterality / Trigger Pattern:	_____	Referral Source:	_____

CC Chief Complaint
2 PRIMARY DIZZINESS-RELATED CONCERN

Primary dizziness concern in patient's own words — duration, frequency, severity, and whether described as vertigo, lightheadedness, imbalance, disequilibrium, or near-syncope...

S Subjective
3 PATIENT-REPORTED DIZZINESS SYMPTOMS, ASSOCIATED SYMPTOMS & RISK FACTORS
3a SYMPTOM DESCRIPTION

Spinning vertigo, rocking, imbalance, presyncope, disequilibrium, motion sensitivity, or nonspecific dizziness...

3b ONSET & COURSE

When symptoms began, sudden vs gradual, frequency, duration of each episode, progression, recurrence...

3c TRIGGERS & POSITIONAL FACTORS

Rolling in bed, looking up, bending forward, standing, head movement, visual motion, exertion, dehydration, medication changes, stress...

3d ASSOCIATED EAR SYMPTOMS

Hearing loss, tinnitus, aural fullness, otalgia, ear pressure, recent ear infection...

3e ASSOCIATED NEUROLOGIC SYMPTOMS

Headache, migraine features, visual changes, diplopia, dysarthria, dysphagia, facial weakness/numbness, limb weakness, ataxia, confusion, syncope...

3f NAUSEA / AUTONOMIC SYMPTOMS

Nausea, vomiting, diaphoresis, palpitations, chest pain, shortness of breath, presyncopal symptoms...

3g FALL RISK & FUNCTIONAL IMPACT

Falls, gait instability, activity avoidance, driving limitations, work impact, ADLs, and need for assistance...

3h PRIOR EVALUATION & TREATMENT

Vestibular testing, audiogram, imaging, Epley maneuver, vestibular therapy, medications, cardiac/neurologic evaluation...

3i PERTINENT NEGATIVES

Denial of focal weakness, new neuro deficit, severe headache, diplopia, dysarthria, syncope, chest pain, acute hearing loss, fever, neck stiffness, or inability to ambulate...

ROS ENT / Neurologic Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

- Vertigo / dizziness / imbalance / lightheadedness
- Nausea or vomiting
- Hearing loss / tinnitus / aural fullness
- Otalgia or otorrhea
- Headache or migraine symptoms
- Vision changes / diplopia / oscillopsia
- Speech or swallowing difficulty
- Weakness / numbness / ataxia / falls
- Syncope / palpitations / chest pain / dyspnea

O Objective

5 MEASURABLE & OBSERVED VESTIBULAR / OTOLOGIC / NEUROLOGIC FINDINGS

V VITAL SIGNS

Temperature: _____	Blood Pressure: _____
Heart Rate: _____	Respiratory Rate: _____
Oxygen Saturation: _____	Orthostatic Vitals (if indicated): _____
Height / Weight: _____	Symptom Severity Score (if used): _____

5a GENERAL APPEARANCE

Appearance, distress, gait stability, ability to transfer or ambulate...

5b EYES / VESTIBULAR VISUAL

EOMs, nystagmus (direction, position-provoked, spontaneous), skew deviation, visual tracking, ocular alignment...

5c EAR EXAM

External ears, canal, TM — effusion, erythema, perforation, retraction...

5d NASAL / ORAL / NECK

Nasal / Oral: _____ Neck ROM, tenderness, vascular findings: _____

5e NEUROLOGICAL

Cranial nerves, motor strength, sensation, coordination, gait, Romberg, tandem gait, pronator drift, cerebellar signs...

5f VESTIBULAR TESTING

Dix-Hallpike (R/L): _____	Supine Roll Test (R/L): _____
Head Impulse Test: _____	HINTS Exam (Head Impulse / Nystagmus / Test of Skew): _____
Dynamic Visual Acuity: _____	Fukuda Stepping Test: _____

PP Procedures Performed

6 VESTIBULAR / ENT PROCEDURES THIS VISIT

Procedure name, indication, technique, location, laterality, findings, tolerance, complications. Examples: Dix-Hallpike, Epley/canalith repositioning, vestibular testing, cerumen removal, ear microscopy, nasal endoscopy...

L Lab & Diagnostic Results

7 DIZZINESS-RELATED DATA

7a AUDIOLOGY & VESTIBULAR TESTING

Audiogram, tympanometry, VNG/ENG, caloric testing, rotary chair, VEMP, posturography, bedside vestibular findings...

7b IMAGING

MRI brain/IAC, CT head, CTA/MRA, CT temporal bone, or other relevant imaging...

7c LABORATORY / CARDIAC STUDIES

CBC, CMP, glucose, thyroid, B12, inflammatory markers. ECG, Holter, echocardiogram, orthostatic vitals, syncope workup...

A Assessment

8 VERTIGO / DIZZINESS CLINICAL INTERPRETATION

Primary diagnosis: BPPV, vestibular neuritis, labyrinthitis, Ménière disease, vestibular migraine, ETD, orthostatic hypotension, medication-related dizziness, central vertigo, or disequilibrium. Laterality, trigger pattern, episode duration. Otologic, neurologic, or cardiovascular red flags. Fall risk. Need for urgent referral...

P Plan

9 DIZZINESS MANAGEMENT

9a VESTIBULAR MANEUVERS & THERAPY

Epley maneuver, Brandt-Daroff exercises, vestibular rehabilitation...

9b MEDICATIONS

Vestibular suppressants, antiemetics, migraine therapy, steroids, or other symptom-directed treatment...

9c DIAGNOSTICS & REFERRALS

Audiogram, vestibular testing, MRI, CT, labs, ECG, audiology, vestibular therapy, neurology, cardiology, PCP, or emergency care if indicated...

9d PATIENT EDUCATION

Fall precautions, driving precautions, hydration advice, medication review, activity modification, warning signs requiring urgent evaluation...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose:

Dizziness reassessment, vestibular therapy response, audiology/imaging review, fall risk, medication response, urgent return precautions...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____
Basis for Billing: _____ Primary ICD-10 Code: _____
Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD	SPECIALTY: OTOLARYNGOLOGY / HEAD AND NECK SURGERY	DATE	TIME
_____	_____	_____	_____

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