



MISSOURI DELTA REBALANCE & DIZZINESS CENTER

Vestibular and Balance Evaluation and Rehabilitation Therapy

Phone: 573.472.6034 | Fax: 573.472.7129

Patient Name: _____ DOB: _____ Sex: M / F

Patient Primary Phone: _____ Secondary Phone: _____

Patient's Primary Insurance: _____

Patient's Secondary Insurance: _____

Diagnosis: _____

Precautions: _____

TEST BATTERY PERFORMED:

Comprehensive Vestibular and Balance Oriented Case History	VNG (Videonystagmography)
cVEMP/oVEMP (Cervical & Ocular Vestibular Evoked Myogenic Potentials)	vHIT (Video Head Impulse Test)
Rotational Chair Testing: Sinusoidal Harmonic Acceleration (SHA), VOR Suppression, Velocity Step Test (VST), Subjective Visual Vertical & Horizontal (SVV/SVH)	BTCI (Bi-Thermal Caloric Irrigation) MTCI (Mono-Thermal Caloric Irrigation)
CDP (Computerized Dynamic Posturography)	EcochG (Electrocochleography)

TREATMENT PLAN:

- Δ Vestibular Rehabilitation Therapy:
 - Δ Vestibular Ocular Reflex Focus
 - Δ Vestibular Spinal Reflex Focus
 - Δ Otolith Organ Focus
 - Δ Integrated Optokinetic Stimulation
- Δ Balance Rehabilitation Therapy:
 - Δ Wheelchair Assisted
 - Δ Walking Assisted
 - Δ Neuropathy

Audiologist Name (Print): _____

Audiologist Signature (Required): _____ **Date:** _____

Please Print and Sign below and return fax to 573.472.7129

Physician Name (Print): _____

Physician Signature (Required): _____ **Date:** _____