



COMPREHENSIVE BALANCE ASSESSMENT -- PRE-VISIT INSTRUCTIONS

Name: _____

VNG Appointment Date & Time: _____

COMPREHENSIVE BALANCE ASSESSMENT

OTHER _____

We will file with your insurance company for payment of this test on your behalf. Please be aware that you will be responsible for any co-pay or deductible that you may have with your insurance company.

It is very important for you to read the attached directions very carefully as soon as possible. Please complete the attached questionnaire and bring it with you on the day of your appointment.

The test will take approximately 90 minutes to complete, so please be on time for your appointment.

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended medical or diagnostic procedure recommended so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to alarm you, it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I (we) voluntarily request the providers of BEACH AUDIOLOGY HEARING & BALANCE CENTER to treat my condition which has been explained to me.

I (we) understand the following diagnostic procedures are planned for me and I (we) voluntarily consent and authorize the following procedure: **COMPREHENSIVE BALANCE ASSESSMENT**

I (we) understand that no warranty or guarantee has been made to me as a result of care.

I certify this form has been fully explained to me and that I have read it or have had it read to me. I understand its contents. I certify that I have been given both the Case History Questionnaire.

Signature of Patient or other legally responsible person

Date

Witness to Signature

Date

Instructions and what to expect from your VNG

PLEASE READ CAREFULLY 48 HOURS BEFORE TESTING!

A VNG (videonystagmography) and balance test has been scheduled for you in an effort to assist your physician in determining the cause of your symptoms. The VNG consists of a battery of tests that contribute information on the condition of your balance system. The exam takes approximately one hour and should not cause you pain. You may experience brief episodes of dizziness during some portions of the test. Your test results will be interpreted, correlated with other clinical findings, and your physician will review the findings with you at your follow up appointment.

Certain substances that affect the Central Nervous System (CNS) can influence your responses on this test. Therefore, you must refrain from certain medications and alcohol (including beer, wine, and mixed drinks) for 48 hours before testing. There is a partial list of medications on the following page which need to be avoided for 48 hours before testing.

DO NOT refrain from **LIFE SUSTAINING MEDICATIONS!** Please contact your prescribing physician should you have any reservations about discontinuing any medication. If you have any questions about medications that you are currently taking, please call our office for clarification.

In addition, please refrain from eating for 4 hours before testing. **IF YOU ARE DIABETIC, DO NOT ALTER YOUR CURRENT DIET OR DIABETIC MEDICATION REGIMEN.** Please wear comfortable clothing. Ladies may prefer to wear pants. Due to the sensitive nature of the infrared goggles used for testing, patients are prohibited from wearing eye and facial make-up (including eyeliner, eye shadow, mascara and false eye lashes). Contact lenses are permissible. You may be asked to remove any earrings.

If the patient is under the age of 18, he or she must be accompanied by a parent or legal guardian. Children are not permitted in the exam room during testing. Children are not permitted to remain in the waiting area unless attended by a parent or legal guardian.

Please arrange for transportation home after the test, or have possible transportation on standby. You may experience dizziness for a short period after the test. While many patients feel safe to drive themselves home, we cannot anticipate how you may respond to the test.

Failure to comply with these instructions will compromise test results and may result in your test being rescheduled for another day. Please notify the office within 24 hours if you cannot keep this appointment.

MEDICATIONS TO BE STOPPED 48 HOURS BEFORE VNG TESTING

This list is NOT all inclusive.

If you have any questions regarding your medications, please call our office at 843.438.0283 for verification at least 2 full days before testing.

Over-the-counter medications: all cold medications
all sleep aids

Pain Meds

Darvocet Wygesic
Demerol Zydone
Dilaudid
Lortab
Morphine
Oxycontin
Oxycodone
Paxicodone
Percocet
Phrenilin
Topamax
Vicodin

Dizziness/Nausea/Diarrhea

Antivert
Atarax
Compazine
Dramamine
Meclizine
Phenergan
Scopolamine patch
Zofran

Anti-seizure Meds

Dilantin
Mebaral
Tegretol Phenobarbital
***check with your
doctor before stopping
these medications***

Psychotherapeutic Agents/Sedatives

Ativan	Prozac	
BuSpar		Trazadone
Celexa	Sedatives	Triavil
Clorazil	Serax	Valium
Concerta	Sinequan	
Dalmane	Sleeping Pills	
Depakote	Stelazine	
Lithium	Stratera	
	Tranxene	

THE FOLLOWING MEDICATIONS ARE ALLOWED PRIOR TO TESTING: Heart medications, cholesterol medications, glaucoma, blood pressure medications, thyroid medications, diabetes medications, reflux medications, hormone treatment, birth control pills, Imitrex, asthma inhalers, regular/plain Tylenol & Advil, antibiotics, Kaopectate, Imodium, and Pepto Bismol.