

MABI

Mid America Balance Institute

Vestibular and Balance Evaluation and Rehabilitation

Phone: (816) 246-1456 | Fax: (816) 286-2774
www.MidAmericaBalance.com

Today's Date: _____

Patient Name: _____ DOB: _____ Gender: M F

Patient Phone: H : _____ C : _____ W : _____

Patient's Primary Insurance: _____

Patient's Secondary Insurance: _____

Diagnosis or Reason for Referral: _____

Precautions/Contraindications: _____

EVALUATE & RE-EVALUATE PRN

CORE COMPREHENSIVE VESTIBULAR AND BALANCE TEST BATTERY

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|--|--|
| VNG/ENG (Video Nystagmography/ Electronystagmography) | Standardized Balanced-focused Impairment & Functional Tests |
| Comprehensive Audiogram (except when previously performed by referring physician) | Life-Impact Profile: DHI, DGI ADL, Balance, Mobility and Anxiety |
| Binaural, Bithermal Caloric Irrigations, ABR , VEMP, EcochG | Dynamic Gaze Stability & Dynamic Visual Acuity Test, Perception Time Test Battery |
| Balance-focused History & Examination | Computerized Posturography |

TREAT: If patient is an appropriate candidate for Vestibular and Balance Rehabilitation Therapy (VRT & BRT):

MABI will provide VRT & BRT or will arrange VRT & BRT at a PT clinic selected by the patient.

Please check here if you prefer to arrange VRT & BRT

Name (Print): _____

Physician Signature: (Required): _____

Please include:

- Patient Demographic Page
- Copy of Insurance Cards
- Recent Audiogram
- MRI of Brain, MRA of brainstem and/or CT of Head reports