



In Balance

Physiotherapy

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Kathleen Shortt PT

Name _____

Patient Phone # _____

- | | |
|--|--|
| <input type="checkbox"/> Benign Paroxysmal Positional Vertigo (BPPV) | <input type="checkbox"/> Disuse Dysequilibrium |
| <input type="checkbox"/> Unilateral Vestibular Loss | <input type="checkbox"/> Mal de Debarquement |
| <input type="checkbox"/> Bilateral Vestibular Loss | <input type="checkbox"/> Head Trauma/Post-concussion |
| <input type="checkbox"/> Meniere's Disease | <input type="checkbox"/> Visuo-vestibular Mismatch |
| <input type="checkbox"/> Migraine-Associated Dizziness | <input type="checkbox"/> Otolith Dysfunction |
| <input type="checkbox"/> Cervicogenic | <input type="checkbox"/> Motion Sensitivity |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Falls Prevention Program |
| | <input type="checkbox"/> Other: _____ |

Additional Information:

Referred by

Date

Vestibular Rehabilitation