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Since 1983

WESTGATE WELLNESS
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Patient: ________________________________ **Date:** ____________________________________
Date of Accident (if applicable): _______________________

Nasal Specific Symptom Survey:

(Sinusitis/Migraines/Traumatic Brain Injury/Concussion/Skull Fractures/Cognitive Disorders/Vertigo/Hearing Loss/Post Traumatic Stress Disorder)

Never had	Had for a while but went away	Currently have	
☐	☐	☐	Headaches
☐	☐	☐	Blurred vision / Double vision
☐	☐	☐	Eyes sensitive to light
☐	☐	☐	Ringing in right ear / left ear / both ears
☐	☐	☐	More sensitive to noise
☐	☐	☐	Dizziness / Balance problems
☐	☐	☐	Unsteady gait or difficulty walking
☐	☐	☐	Fainting spells
☐	☐	☐	Nausea / Vomiting
☐	☐	☐	Loss of appetite
☐	☐	☐	Decreased sense of smell / Increased sense of smell
☐	☐	☐	Decreased sense of taste
☐	☐	☐	Difficulty concentrating / Forgetfulness
☐	☐	☐	Difficulty sleeping
☐	☐	☐	Difficulty concentrating / Forgetfulness
☐	☐	☐	Feel like in a fog or like the world is moving faster than you are
☐	☐	☐	Impatient or get angry more often
☐	☐	☐	Feel depressed
☐	☐	☐	Lack of energy or get tired more easily
☐	☐	☐	Decreased libido (sex drive)
☐	☐	☐	Speech problems (turning words around, etc.)
☐	☐	☐	Writing problems (omitting words, turning words around, etc.)
☐	☐	☐	Difficulty doing math (adding up numbers, etc.)
☐	☐	☐	Chronic Sinus Infections/Sinusitis

☐	☐	☐	Poor Coordination or muscle control
☐	☐	☐	Impaired speech, hearing, understanding or memory
☐	☐	☐	Confusion, disorientation or distractability
☐	☐	☐	Delayed communication, processing or response times
☐	☐	☐	Agitation, irritability, restlessness or anxiety
☐	☐	☐	Lack of planning, judgment, insight or reasoning skills
☐	☐	☐	Disinhibition, impulsivity, or otherwise inappropriate behavior
☐	☐	☐	Inability to control anger, aggression or explosive behavior

Patient Signature: ____