QUESTIONNAIRE

IDENTIFICATION
ID _______ IDSEARCH _______ GIPH _________ DATE OF EXAMINATION __/__/____
NAME ___________________________ SEX ______
ADDRESS ____________________________
TELEPHONE ______________________ E-MAIL ____________________________
DATE OF BIRTH __/__/____ AGE _______ SCHOOLING YEARS _______
HOURS OF SLEEP IN THE PREVIOUS NIGHT _______ DOMINANT HAND _______ GROUP _______

GENERAL HEALTH
MEDICATION _____ WHICH ____________________________
HEARING COMPLAINT _____ WHICH ____________________________ TINNITUS _______
VESTIBULAR COMPLAINT _______ WHICH ____________________________ CONVULSION _______
MEMORY COMPLAINT _______ COMPLAINT ATTENTION _______ COMPLAINT COMMUNICATION _______

NEUROLOGICAL EXAMINATION
WORSENING IMPROVEMENT _______ DESCRIBE ____________________________
NEW EXAMINATION SURVEY _______ REALIZED _______ RESULT _______ CURRENT CLASSIFICATION _______