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Pulsatile Tinnitus History:

Name
DOB:
Date of diagnosis with Pulsatile Tinnitus

LOCATION (Circle what applies to you)? LEFT/ RIGHT/ BILATERAL
Quality (Circle what applies to you): pulsatile, ringing, whooshing
Duration (Circle what applies to you): constant, intermittent
Is it in sync with your heartbeat? Yes/ No

What makes pulsatile tinnitus worse:
What relieves pulsatile tinnitus

Does the pulsatile tinnitus resolve with gentle pressure on your neck (same side)? Yes/ No

Does the pulsatile tinnitus resolve when turning your neck to same side? Yes/ No

How much is pulsatile tinnitus affecting your life on a 0-10 scale (10 worst)?

Any Associated symptoms:

Headaches: Yes __, No __
Blurry vision: Yes __. No __
Double vision: Yes __, No __

Have you seen ENT specialist?
Did you have an audiogram (hearing test)?
What did the results show?

Did you have any of the following imaging studies and if so when (date)?

MRI:
MRV:
MRA:
CTA:
CTV:
Catheter Angiogram: