Recurrent positional vertigo: referral

Original independent practice. All patient details and events are fictional. Assume that today's date is 3 November 2026. Ms Stradivari has returned with recurrent symptoms. You are Ms Donna Stradivari's general practitioner. Using the case notes, write a referral to Dr Gaetano Manzoni, ENT Specialist, Balance Outpatient Clinic, Suite 4, 18 High Street, AB10 1AA. Request assessment and management of her recurrent positional vertigo, distinguishing the brief movement-triggered episodes from the documented absence of neurological warning features. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Donna Stradivari	☐	☐	☐
2. DOB: 12/02/1968 (58 yrs)	☐	☐	☐
3. Address: 24 Station Road, AB10 1AA	☐	☐	☐
Social background			
4. Retired office administrator; lives with partner	☐	☐	☐
5. Independent mobility and self-care before symptoms began	☐	☐	☐
6. Does not drive; partner can accompany appointments	☐	☐	☐
Medical history			
7. Remote appendicectomy; no ongoing complications	☐	☐	☐
8. Seasonal rhinitis; no current treatment	☐	☐	☐
9. No regular medicines; no known drug allergies	☐	☐	☐
Initial assessment and progress			
10. 14/09/26: episodic spinning, approximately 20 seconds each	☐	☐	☐
11. Triggered by rolling R in bed or looking upwards	☐	☐	☐
12. Well between attacks; no continuous dizziness	☐	☐	☐
13. No associated palpitations or loss of consciousness	☐	☐	☐
14. Impression: possible BPPV; positional testing not performed	☐	☐	☐
15. Advice: careful head movements; rise slowly from bed	☐	☐	☐
16. 28/09 telephone review: symptoms settled; resumed usual activities without assistance	☐	☐	☐
Current review			
17. 20/10: same positional episodes recurred; now daily	☐	☐	☐
18. 03/11: symptoms unchanged; no attacks without head movement	☐	☐	☐
19. No diplopia, visual loss, dysarthria, limb weakness or sensory change	☐	☐	☐
20. No severe headache, hearing loss or tinnitus	☐	☐	☐
21. No vomiting, fever or recent head injury	☐	☐	☐
22. Avoids stairs alone through fear of falling; no falls	☐	☐	☐
23. Today: cranial nerves, limb coordination and gait normal	☐	☐	☐
24. No spontaneous nystagmus; ears unremarkable	☐	☐	☐
25. No positional testing yet; no vestibular treatment trial	☐	☐	☐
26. Partner available to provide reliable transport and reassurance	☐	☐	☐
27. Pt upset by receptionist's manner during telephone booking	☐	☐	☐
28. Patient requests explanation before any examination provoking vertigo	☐	☐	☐
Plan			
29. Refer ENT balance clinic: diagnostic positional testing; management advice	☐	☐	☐
30. Safety advice: new visual/neurological symptoms or sudden hearing loss → emergency care	☐	☐	☐

Teachers: free class packs at oetace.com/oet/teachers