



Call, fax, or mail your completed questionnaire to us and we will contact you for a free consultation and screening:

Do you have trouble with the following?

- I have had a fall in the last 6 months.
- I feel that my walking is now unsteady.
- I lose my balance frequently.
- I hold onto furniture and walls while walking at home.
- It hurts to walk or stand.
- I have trouble getting out of bed.
- I have difficulty getting dressed.
- I feel unsafe in the bath or shower.
- I get short of breath with day to day activities.
- I have Parkinson's disease.
- I have osteoporosis.
- I feel dizzy when I stand up.
- I am having trouble remembering daily tasks.
- I need a new walker or wheelchair.
- I have diabetes and I need someone to teach me how to self-manage my symptoms.
- I do not always take my medications as I should.
- I have a catheter.
- I have been in the hospital in the last 3 months.
- I have arthritis pain that affects my daily activities.
- I feel weaker than I used to with day to day activities.

Name: _____ Ph: _____ Rm# _____