PELHAM PHYSICAL MEDICINE DIAGNOSTIC & TREATMENT CENTER

2118 WILLIAMSBRIDGE ROAD / BRONX, NY 10461 / Tel. 718-823-3900/FAX 718-823-3961

Patient Name:_____
Attorney:_____

Date:_____ **Ins:_____**

ARE YOU AT RISK FOR A FALL?

(Circle Your Choice to the Following)

Do You:

1. Have frequent slips, trips, near falls or falls?	Yes	No
2. Have difficulty keeping your balance?	Yes	No
3. Feel dizzy:		
When standing and walking?	Yes	No
With head movement?	Yes	No
4. Have difficulties walking on uneven surface?	Yes	No
5. Occasionally have “spinning sensation”?	Yes	No
6. Take three or more medications?	Yes	No
7. Drink alcohol frequently?	Yes	No
8. Do you experience noise & ringing in your ears?	Yes	No
9. Do you have hearing problems?	Yes	No