

Give Us A Call Before A Fall

Questionnaire

Serving all ages, Wabash Christian Therapy offers outpatient rehabilitative care provided by licensed and highly trained physical, occupational and speech therapists.

First Name: _____ Last Name: _____

Date of Birth: _____ Phone No.: _____

Physician: _____

If you answer yes to any or all of the following questions, a referral to physical therapy is recommended to provide treatment for fall prevention.

- | | | |
|--|-----|----|
| 1. Have you recently fallen? | Yes | No |
| 2. Are you using an assistive device for mobility? | Yes | No |
| 3. Are you unsteady when walking? | Yes | No |
| 4. Do you hold onto walls or furniture? | Yes | No |

If you answer yes to any or all the following questions, a referral to occupational therapy is recommended to provide treatment for fall prevention.

- | | | |
|--|-----|----|
| 1. Have you recently fallen? | Yes | No |
| 2. Do you have dizziness? | Yes | No |
| 3. Do you have a fear of falling during activities of daily living (ADLs)? | Yes | No |
| 4. Do you have limited movement in your neck? | Yes | No |