

In an effort to maintain compliance with the Center for Medicare Services' (CMS) Physician Quality Reporting System (PQRS) initiative and provide all of our patients with comprehensive preventative care, we ask all of our Medicare patients to complete the following. We appreciate your time and ask that you answer all questions and provide all information to the best of your ability. As always, your personal information will be kept confidential in accordance with HIPPA.

Fall History

1. Have you fallen in the last year? Yes__ No__
2. If you answered Yes, how many times? _____
3. Have any falls resulted in hospitalization or required medical attention?
Yes __ No __ NA __ please explain: _____

Diabetes

- 1.) Do you have Diabetes ? No __ Yes ____ Type I __ or Type II __
If you answered Yes:
- 2.) Have you been diagnosed with Diabetic Peripheral Neuropathy? Yes __ No __
- 3.) Have you ever been diagnosed with a foot ulcer or had an amputation ? No__ Yes__
- 4.) Have you been diagnosed with Peripheral Arterial Disease (PAD)? No__ Yes __
- 5.) Are you regularly screened for loss of protective sensation in your feet? No __ Yes __
- 6.) If Yes, how often? Annually__ Semi-annually __ Quarterly __ Monthly __

Medications

Please provide the following information for all prescription medications, over the counter medications, vitamins and herbal supplements. You must complete all fields. If you have a complete list of your medications, including dosage and frequency, please allow the front desk to make a copy for your chart and sign below.

Medication Name	Dosage	Frequency	Indication (cholesterol, etc)

I attest that the information provided is complete and accurate to the best of my knowledge.

Patient Signature

Date

Falls Efficacy Scale

Please select ONE number that best describes your confidence in performing each activity.

Take a bath or shower

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Reach into cabinets or closets

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Walk around the house

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Prepare meals not requiring heavy or hot objects

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Get in and out of bed

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Answer the door or telephone

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Get in and out of a chair

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Getting dressed or undressed

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Personal grooming (i.e. washing your face)

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident

Getting on and off the toilet

1 Very Confident 2 3 4 5 6 7 8 9 10 Not At All Confident