



# FALL PREVENTION GROUP MEDICAL VISIT

3706 Ruffin Road, Suite 129, San Diego, CA 92123

Phone: 858-587-1822 | Fax: 858-587-8967

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## FEE PER MEDICAL VISIT

\$147.00 Medicare patients call for reduced pricing. Fee will be collected at time of service and will be billed to insurance for direct reimbursement to patient.

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## REQUIREMENTS

Please bring a towel or yoga mat. All other equipment will be provided.

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## REGISTRATION

Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Class Requested:  9:00 am  10:15 am (Tuesday & Thursday each week. Begin new each month)

Month Requested:  Jan  Feb  Mar  Apr  May  Jun  July  Aug  Sept  Oct  Nov  Dec

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## WAIVER APPROVAL

In consideration of accepting entry, I, the below signed intending to be legally bound for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the physician, the medical center, and the representatives, successors and assigns for any injury suffered by me in the said event. I attest that I will participate in the group medical visits, that I am able to meet the physical requirements stated for activity. I agree that in registering for this course I am obligated to pay for the full program and that any missed appointments are my financial responsibility. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event which I may appear for legitimate purpose, including advertising and promotion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FALL PREVENTION QUESTIONNAIRE

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## DEMOGRAPHIC

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

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## HISTORY

Number of falls in the past 3 months:  0  1-3  4-6  >6

Assistance Device for gait:  None  Cane  Walker  Other \_\_\_\_\_

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## SYMPTOMS

Vision:  Restricted Vision  Blurry Vision  Double Vision

Cardiovascular:  Chest Pain  Palpitations  Shortness of Breath

Neurological:  Weakness  Dizziness  Loss of Sensation

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## PHYSICAL LIMITATIONS

Past Surgeries:  Joint Replacements \_\_\_\_\_

Spinal Fusion (Note Location) \_\_\_\_\_

Other \_\_\_\_\_

Previous Diagnosis (List)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail | Fax | Phone to confirm Registration.**

**This form must be completed in order to enroll.**



# FALL PREVENTION SCHEDULE

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All visits will be held on Tuesday and Thursday in 2018 according to the following schedule (8 visits/month).

9:00 am and 10:15 am visits offered.

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## JANUARY 2018

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2, 4, 9, 11, 18, 23, 25, 30 (January 16 will NOT host a visit)

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## FEBRUARY 2018

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1, 6, 8, 13, 15, 20, 22, 27

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## MARCH 2018

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1, 6, 8, 13, 15, 20, 22, 27 (March 29 will NOT host a visit)

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## APRIL 2018

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3, 5, 10, 12, 17, 19, 24, 26,

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## MAY 2018

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1, 3, 8, 10, 15, 17, 22, 24 (May 29 & 31 will NOT host a visit)

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## JUNE 2018

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5, 7, 12, 14, 19, 21, 26, 28