



# 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

All equipment will be provided. Please bring a towel if desired.

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## REGISTRATION

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

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

Class:  10:00-11:00 am (Tuesday & Thursday each week)

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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

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

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## HISTORY

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

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

Location of Pain:  Back  Neck  Hip  Knee  Ankle  Shoulder  Elbow  Wrist  Head

Severity of Pain:  0  1  2  3  4  5  6  7  8  9  10

Duration of Pain:  < 6 Month  > 6 Months  >1 Year  >5 Years  Other \_\_\_\_\_

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## SYMPTOMS

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Vision:  Restricted Vision  Blurry Vision  Double Vision

Cardiovascular:  Chest Pain  Palpitations  Shortness of Breath

Neurological:  Weakness  Dizziness  Loss of Sensation  Poor Balance

Joint Pain:  Hip  Knee  Ankle  Shoulder  Elbow  Wrist

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## PHYSICAL LIMITATIONS

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### Past Orthopedic Surgeries

Joint replacement

Hip  Knee  Ankle  Shoulder  Elbow  Wrist  None

Spinal Fusion

Back  Neck  Sacrum  None

### Known Disease

Heart Disease  Cancer  Diabetes

**Mail, Fax, or Phone to confirm Registration.**

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

# **FALL PREVENTION SCHEDULE**

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

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**All visits will be held on Tuesday and Thursday in 2018  
according to the following schedule.**

**10:00 am visits offered.**

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## **AUGUST – SEPTEMBER 2018**

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**Aug. 14, 16, 21, 23, 28, 30 Sept. 4, 6, 11, 13, 18, 20, 25, 27**

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