

# Medicare Preventative Physical Exam Questionnaire

(To be filled out at home and brought into the appointment)

**Oberlander and Associates  
Internal Medicine, Inc.**

Social History	Yes	No
Do you or did you ever use tobacco?		
Do you or did you ever drink alcohol?		
Do you drink caffeinated products?		
Do you or did you ever used illicit drugs?		
Do you still work outside the home?		
Do you live alone?		
Do you live in an assisted living residence?		

Patient Name: \_\_\_\_\_

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

Family History Use check mark	Self	Father	Mother	Father's Father	Father's Mother	Mother's Father	Mother's Mother	Sisters	Brothers	Aunts	Uncles	Children
Deceased												
Hypertension												
Heart disease												
Stroke												
Kidney disease												
Obesity												
Genetic disorder												
Alcoholism												
Liver disease												
Depression/manic												
Mental disease												
Colorectal cancer												
Prostate cancer												
Breast cancer												
Other												

Hospital Visits in the past year visit/reason	Month of visit	Hospital name

Other Physicians and Provider's of care (include home health, medical equipment providers)

Provider Name/Specialty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient name:

Date:

Current problems you are being treated for	Managing physician (if other than our office)

Current Medication List	Estimated start date
Herbal Medications:	
Supplements:	
Over the counter drugs (e.g. Tylenol, ibuprofen, etc.)	
Prescribed Medications (include dose and frequency)	

Medication ALLERGIES	Type of reaction:

Screening Questions	Yes	No
Depression Screening		
Over the past two weeks, have you felt down, depressed, or hopeless?		
Over the past two weeks, have you felt little interest or pleasure in doing things?		
Functional ability/Safety screening		
Can you get out of a chair without using your arms?		
Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications, or managing money?		
In your home, do you have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting?		
Do you have trouble hearing?		
Do you have trouble seeing?		
Do you have an advanced directive? (living will, durable power of attorney)		

DATE \_\_\_\_\_

**Fall Prevention Home Assessment Chart**

Birthdate \_\_\_\_\_

*Any "NO" answers indicate a need for improvement*

Patient Name \_\_\_\_\_

<b>BATHROOM</b>	<b>YES</b>	<b>NO</b>
Is the path from the bedroom to the bathroom well lit?		
Are there grab bars near the toilet and in the shower and bathtub?		
If you have difficulty standing in the shower, do you use a shower seat?		
Are spills cleaned up immediately?		
Do your bathmats have slip-resistant backing?		
Do you remove soap build up in your shower/bathtub to avoid slipping?		
Can you reach soap in the shower without bending down or turning too far around?		
Do you have a raised toilet seat if you have difficulty standing up and sitting down?		
<b>KITCHEN</b>	<b>YES</b>	<b>NO</b>
Are throw rugs/floor mats secure?		
Can you get to regularly used items without bending down or reaching up too far?		
Are spills cleaned up immediately?		
Is food prepared at the kitchen table?		
<b>PORCH, YARD, OUTSIDE</b>	<b>YES</b>	<b>NO</b>
Is the path from the house to the garage well lit?		
Are there cracks or buckles on the sidewalks or driveway?		
Are there hoses, weeds or other obstacles on the walkways?		
Are there icy steps or walkways?		
<b>BEDROOM</b>	<b>YES</b>	<b>NO</b>
Is there a table close to your bed with a lamp and room to store eyeglasses and a phone?		
Are cords pushed back against the wall?		
Is there clutter on the floor?		
<b>LIVING AREAS</b>	<b>YES</b>	<b>NO</b>
Are floor coverings secure and sturdy?		
Can you answer the phone without getting up?		
Are cords pushed back against the wall?		
Can you turn on a light without having to walk into a dark room?		
Do you have a step stool that has side rails, sturdy and in good condition?		
Do you have a cordless or cellular phone or an emergency alarm device?		
Is your floor free of clutter?		
It is easy to walk around the furniture in your home?		
Can you pull cords to lights or ceiling fans without reaching up?		
Are there handrails on both sides of the stairways in your home?		
Are the steps on your stairways even and safe?		
Are there lights at the top <i>and</i> bottom of the stairs?		

## Personal Risk Factors Fall Prevention Checklist

Patient Name \_\_\_\_\_

Questions	Yes	No
1. Have you fallen before or been injured because of a fall?		
2. Do you feel weaker than you used to or have less strength in your arms and legs?		
3. Have you stopped doing daily activities or avoided exercise because you're afraid of falling?		
4. Do you experience incontinence?		
5. Has your hand strength decreased?		
6. Has your eyesight diminished or do you have trouble seeing depth or seeing at night?		
7. Do you feel dizzy when you stand up?		
8. Have you experienced hearing loss?		
9. Do you have foot ulcers, bunions, hammertoes or callouses that hurt or cause you to adjust your steps?		
10. Do you feel unsteady on your feet or shuffle when you walk?		

## **Recommendations for “Yes” Responses to the Assessment**

1. People who have fallen before are more likely to fall again. Think about the factors that led you to your last fall. Take action to reduce those factors. Consider using a personal emergency response service (such as Lifeline) to help you if you fall.
2. Arm and leg weakness can make it harder for you to navigate your environment. You can build muscle strength by exercising regularly. Join an exercise class or learn exercises that you can do at home.
3. Fear of falling can be helpful if it causes you to take reasonable precautions, but it can be harmful when it causes you to avoid exercise and other daily activities that keep you active, strong and healthy. Start slowly to build your confidence in exercise and daily activities. Start with chair exercises, then move to standing and then moving exercises. If you are afraid of exercising alone, consider joining a group or class.
4. Incontinence can increase your chance of falling if you are anxious and rush to get to the bathroom. Check with your doctor about incontinence treatments. If nighttime incontinence is an issue, consider getting a bedside commode. Make sure the path to your bathroom is well lit and free of clutter.
5. Decreased hand strength can put you at great risk for falling because you may have difficulty catching yourself or carrying objects safely. Avoid carrying things in your hands while walking. Put them in a pocket or purse instead. You may benefit from strength training for your hands. Talk to your health care provider about recommended exercises.
6. Problems with eyesight can make it difficult to see things you can trip over. Get your eyes checked by an optometrist to see if you need glasses or a new prescription. Place nightlights throughout your house. For depth perception problems, place tape or paint a line at the edge of stairs so you can see the edge when walking.
7. Hearing is closely associated with balance. Get your hearing tested by your health care provider or by an audiologist. Wear a hearing aid if needed.
8. Dizziness increases your chance of falling because it causes disorientation and even fainting. Dizziness may have many causes so you should ask your doctor to test you for postural hypotension. Take time to stabilize yourself before changing positions. Additionally, certain medication side effects can cause dizziness. Have your doctor or pharmacist review all the medications you are taking and make sure you understand how to take them correctly.
9. Painful foot problems can cause you to walk slowly and differently, increasing your chance of falling. If you have reduced feeling in your feet, make sure to watch your step and be aware of foot placement. Attend a foot care clinic or ask your doctor to treat your foot problems.
10. A strong stride and good balance are keys to preventing falls. Consider using a cane or other assistive device to help you feel more steady on your feet. Your doctor can help you decide which device. You can also ask your doctor to give you a balance assessment or recommend physical therapy. Carry a cordless or cellular phone with you so you don't have to rush to answer the phone and so you can call for help if you do fall.