

**Reducing Risk for Falls – Getting Ready for Your Next Doctor Appointment**

Your doctor can help you identify any risk factors for falling and tell you how to manage them. But to help your doctor understand your risk, have the following information ready for him or her to review before your next appointment. For more information, visit our website at [www.homestyleservices.com](http://www.homestyleservices.com)

**Falls:**

Remember the times that you have fallen or almost fell. Include the times you almost fell, but grabbed hold of something just in time or were caught by someone.

For each time that you fell or almost fell, write down what you were doing; where you were; when it was, and how you fell.

1. When you fell: \_\_\_\_\_

What you doing: \_\_\_\_\_

How did you fall: \_\_\_\_\_

2. When you fell: \_\_\_\_\_

What you doing: \_\_\_\_\_

How did you fall: \_\_\_\_\_

3. When you fell: \_\_\_\_\_

What you doing: \_\_\_\_\_

How did you fall: \_\_\_\_\_

**Review your medical conditions by answering a few questions:**

1. Can you see clearly? (if you wear glasses or contacts, answer how well you see when you have them on):  Yes  No

2. The last time you had your eyes checked was: \_\_\_\_\_

- 3. Do you have any problems hearing? (If you have a hearing aid, answer how well you hear with the aid in your ear(s))  Yes  No
- 4. Have you had any times when you felt dizzy?  Yes  No
- 5. Do you have joint pain when you walk or get up or sit down?  Yes  No
- 6. Do you have any numbness when you are walking?  Yes  No
- 7. Do you feel short of breath when walking?  Yes  No

**List all your medications:**

Use this form to write down all the medications that you take, and those over-the-counter medicines that you also buy and use. The doctor may decide to have you take a lower dose or discontinue some medications.

If you cannot fill out this form, take all your medicines with you in a bag to your next appointment. Don't forget to take the medicine that you buy in the store without a prescription in the bag too. This includes vitamins and supplements like Gingko, Glucasamine, etc.

**The prescription medications that I take are:**

Name of Medication	When do I take it	The dose is (on your label)

**The Vitamins that I take are:**

Name of Vitamin	When do I take it	The dose is (on your label)

**The Supplements that I take are:**

Name of Supplement	When do I take it	The dose is (on your label)