PALM DESERT URGENT CARE™
Quality Immediate Care In A Friendly, State-of-the-art Facility

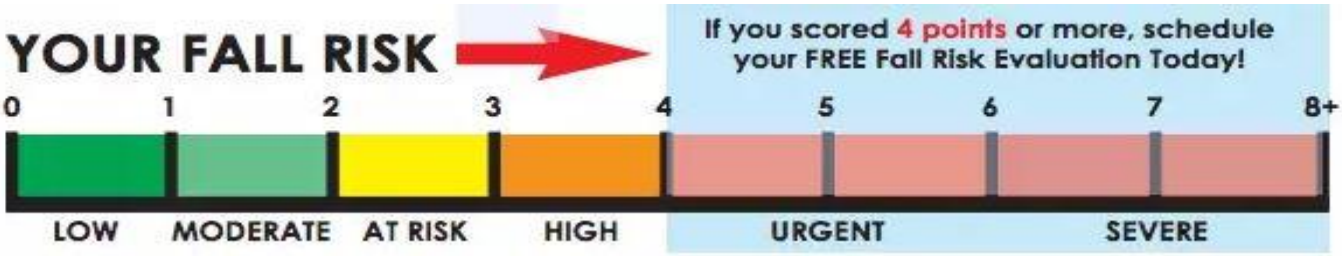
Date: _____

Name: _____ DOB: _____

Fall Risk Assessment Form		
Questions	**No**	**Yes**
I have fallen in the past year.		[2 Points]
I use or have been advised to use a cane or walker.		[2 Points]
I sometimes lose my balance when walking.		[1 Point]
I worry about falling.		[1 Point]
I use my arms to push myself up from a chair.		[1 Point]
I sometimes have trouble stepping up onto a curb.		[1 Point]
My body sways when standing stationary.		[1 Point]
I take short narrow steps.		[1 Point]
I stumble often or look at the ground when I walk.		[1 Point]
I frequently have to rush to the toilet.		[1 Point]
I have lost some feeling in one or both of my feet.		[1 Point]
My medication makes me feel light-headed or sleepy.		[1 Point]
	Total Score	

Thank you for your time and patience.

Score Only "**Yes**" Answers



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