EmblemHealth®
WHAT CARE FEELS LIKE.

PATH
Positive Actions Toward Health

STEPS-4-SAFETY

Your Risk for Falls

THINGS TO TALK ABOUT WITH YOUR DOCTOR

Knowing the details about your risk for falls and your health history can help your doctor learn about your chance of falling. Fill out this form before your next doctor visit. Then bring it with you and go over it with your doctor. Bring a notebook to write down any suggestions or changes your doctor may make.

Fall History

1. Have you fallen recently? ☐ Yes ☐ No If yes, please give details below.

   Date of fall: _____

   (Month/Day/Year)

_____

_____

2. Have you fallen in the past? ☐ Yes ☐ No If yes, please give details below.

   Date(s) of past fall(s): _____

   (Month/Day/Year)

_____

_____

3. Do you know what caused you to fall? ☐ Yes ☐ No If yes, please give details below.

_____

_____

4. Were you ever hurt because of a fall? ☐ Yes ☐ No If yes, please give details about your injury below.

_____

_____

5. Are you afraid of falling? ☐ Yes ☐ No If yes, please give details about your fears below.

_____

_____

About Your Recent Fall

1. **Please answer the questions below:**

- Were you dizzy before you fell? ☐ Yes ☐ No
- **Before** you fell, did you lose consciousness (i.e., were not awake and aware)? ☐ Yes ☐ No
- **After** you fell, did you lose consciousness (i.e., were not awake and aware)? ☐ Yes ☐ No
- Were you able to get up after your fall? ☐ Yes ☐ No
- Were you alone when you fell? ☐ Yes ☐ No

2. **Conditions when you fell:**

- Was there enough lighting? ☐ Yes ☐ No
- Were there slippery, wet or uneven floors? ☐ Yes ☐ No
- Were there loose carpets or throw rugs on the floor? ☐ Yes ☐ No
- Were there grab bars or handrails in place? ☐ Yes ☐ No
- Was there anything in your way when you fell? ☐ Yes ☐ No
- Were you using a cane or walker? ☐ Yes ☐ No
  - If yes, has the cane or walker been fitted for you? ☐ Yes ☐ No
- Were you wearing shoes with non-skid soles? ☐ Yes ☐ No
- Do you wear glasses? ☐ Yes ☐ No
  - If yes, were you wearing your glasses? ☐ Yes ☐ No
  - Have your glasses been updated for vision and fit lately? ☐ Yes ☐ No

Medicines

1. Do you take four or more medicines at this time? ☐ Yes ☐ No If yes, please bring **all** bottles to your next appointment **OR** list **all** of your medicines below, including vitamins, herbal remedies and over-the-counter medicines.

_____

_____

2. Have there been recent changes in your medicine(s)? ☐ Yes ☐ No o If yes, what has changed?

_____

_____

Health History

Do you have any of the following conditions? Check off Yes or No for each condition listed below.

Health Condition	Yes	No	Health Condition	Yes	No
Muscle weakness			Depression		
Repeated falls			Blood pressure problems		
Problems walking			History of stroke or TIAs		
Poor balance			Joint surgery		
Frequent trips to the bathroom			Osteoporosis (brittle bones)		
Arthritis (joint swelling)			Kidney disease		
Dizziness			Low back pain		
Fainting			Diabetes (high blood sugar)		
Seizures			Foot problems		
Heart problems			Eye sight problems		
Parkinson's disease			Hearing problems		

Other (please write in): _____

_____

_____

Things That Can Increase Your Risk for Falls

1. **Muscle weakness/Poor balance:** Do you exercise? ☐ Yes ☐ No If yes, how often and what type(s) of exercise do you do?

_____

_____

2. **Hearing problems:** When was the last time you had your hearing checked? _____

(Month/Day/Year)

3. **Eyesight problems:** When was the last time you had your eyesight checked? _____

(Month/Day/Year)

4. **Bladder/Bowel problems:** Do you have incontinence (i.e., problems controlling your bladder/bowels)? ☐ Yes ☐ No

5. **Osteoporosis:** When was your last bone mineral density (BMD) test for Osteoporosis (brittle bones)?

_____

(Month/Day/Year)

Anything Else?

List anything else you want your doctor to know about your health below. Also write down any other questions you have for your doctor.

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HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Group Health Incorporated (GHI) is a PPO plan and a standalone PDP with a Medicare contract. Enrollment in HIP and GHI depends on contract renewal. HIP and GHI are EmblemHealth companies.