



An apple a day...

Patient \_\_\_\_\_ DOB \_\_\_\_\_

Please evaluate my patient for fall and injury risk at home, and follow up as indicated, based on the following diagnosis(es):

**Musculoskeletal Disorders**

- \_\_\_\_\_ Spinal stenosis
\_\_\_\_\_ Osteoarthritis
\_\_\_\_\_ Rheumatoid Arthritis
\_\_\_\_\_ Osteoporosis
\_\_\_\_\_ Fracture of \_\_\_\_\_
\_\_\_\_\_ Myelopathy
\_\_\_\_\_ Back disorder
\_\_\_\_\_ Myalgia/myositis
\_\_\_\_\_ Gait abnormality

**Diabetes**

- \_\_\_\_\_ Uncontrolled diabetes
\_\_\_\_\_ DM-related symptoms/deficits

Cancer of \_\_\_\_\_

Infection of \_\_\_\_\_

**Nutritional Disorders**

- \_\_\_\_\_ Malnutrition
\_\_\_\_\_ Dehydration
\_\_\_\_\_ Anemia
\_\_\_\_\_ Electrolyte imbalance

Adverse Medication Reaction \_\_\_\_\_

**Neurological Disorders**

- \_\_\_\_\_ Vertigo
\_\_\_\_\_ CVA
\_\_\_\_\_ TIA(s)
\_\_\_\_\_ Neuropathy
\_\_\_\_\_ Neuralgia
\_\_\_\_\_ Paralysis \_\_\_\_\_
\_\_\_\_\_ Parkinson's Disease
\_\_\_\_\_ Multiple Sclerosis
\_\_\_\_\_ Nerve injury
\_\_\_\_\_ Brain injury
\_\_\_\_\_ Alzheimer's Disease
\_\_\_\_\_ Other dementia
\_\_\_\_\_ Spinal cord disease
\_\_\_\_\_ Seizure disorder
\_\_\_\_\_ Pain \_\_\_\_\_

**Cardiac Conditions**

- \_\_\_\_\_ CHF
\_\_\_\_\_ CAD
\_\_\_\_\_ Angina
\_\_\_\_\_ Hypertension
\_\_\_\_\_ Hypotension
\_\_\_\_\_ PVD
\_\_\_\_\_ Cardiac arrhythmia

Other \_\_\_\_\_

Skilled Nursing, Physical Therapy, and Occupational Therapy to make two visits each for assessment and preliminary intervention as indicated; assess need for additional visits or services and follow up accordingly.

(MD/DO/DPM name)

MD/DO/DPM signature (Date)

Fax to 773-871-0185 with patient's demographic information.