Bromley Healthcare
better together

NHS

Patient Falls Questionnaire

To help us make your appointment more efficient and appropriate to you, please take some time to complete the following questions **prior to** your appointment.

Please describe the falls that you have had over the past year.

Falls include a slip or trip in which you lost your balance and landed on the floor or ground or lower level.

How did you fall and when? (Give dates if you can remember)

Have you been diagnosed with any of the following conditions: (Tick all that apply)					
Asthma		**Osteoarthritis**		**Neurological condition**	
Bronchitis		**Rheumatoid arthritis**		**Stroke / mini Stroke**	
C.O.P.D.		**Joint replacement**		**Memory problems**	
Low BP		**Major surgery**		**Cancer**	
High BP		**Osteoporosis/thin bones**		**Thyroid problem**	
Heart condition		**Fracture/broken bones**		**TB**	
Ear problems		**Prescribed steroids**			

Please list the medication that you currently take, including dose. Bring a copy of your prescription with you to your appointment.

Have you EVER had: dizziness, light-headedness, room spinning or related symptoms? Yes/No

Name: _____ **Date of birth:** _____

Signature: _____ **Today's date:** _____