

Please Complete All
3 forms !!!



Plundo
Medical
Associates

Osteopathic P.C.
Tax I.D. #25-1409031

Larry J. Plundo, DO • Michael N. Plundo, DO • Nicholas R. Gross, DO

BALANCED FOR LIFE FALL RISK ASSESSMENT

NAME: _____ DOB: _____

ARE YOU AT RISK FOR FALLS?

Falls are a serious health concern related to many diseases, medical conditions or medications you may be taking. Falls can result in serious injury that we want to take proactive precautions to prevent when possible. To assist in identifying your level of risk for a fall, please circle any of the following that apply:

- Yes or No Are you 65 years or older?
- Yes or No Have you fallen within the past year? If yes, how many times? _____
- Yes or No Are you unsteady on your feet or have a general weakness?
- Yes or No Are you taking any medications that cause fatigue or dizziness?
- Yes or No Have you had a stroke in the past?
- Yes or No Do you have a progressive neurological disease?
- Yes or No Do you have diabetes?
- Yes or No Do you have neuropathy, arthritis or joint disease of the lower extremities?
- Yes or No Do you have visual disturbances?
- Yes or No Do you have fatigue, dizziness or declined agility?
- Yes or No Do you have a fear of falling?
- Yes or No Do you have painful feet?
- Yes or No Do you have to rush to get to the bathroom in time?

Doctor/PA Signature _____ Date _____

BLADDER ASSESSMENT



Plundo
Medical
Associates

Osteopathic P.C.
Tax I.D. #25-1409031

Larry J. Plundo, DO • Michael N. Plundo, DO • Nicholas R. Gross, DO

NAME: _____ BIRTHDATE: _____ TODAYS DATE: _____

1. DO YOU EXPERIENCE URINE, STOOL, OR GAS LEAKAGE SOMETIMES WHEN YOU COUGH, LAUGH, SNEEZE, OR EXERT YOURSELF?
YES _____ NO _____
2. DO YOU EXPERIENCE URINE, STOOL, OR GAS LEAKAGE THAT AFFECTS YOUR ABILITY TO PARTICIPATE IN ACTIVITIES?
YES _____ NO _____
3. DO YOU FEEL THE NEED TO PASS URINE, STOOL, OR GAS MORE FREQUENTLY THAN NORMAL?
YES _____ NO _____
4. IF YOU CAN'T GET TO THE BATHROOM QUICKLY, DO YOU EXPERIENCE LEAKAGE OF URINE OR STOOL?
YES _____ NO _____
5. DOES IT SOMETIMES FEEL AS THOUGH YOUR BLADDER IS NOT EMPTYING COMPLETELY?
YES _____ NO _____
6. HAVE YOU SUFFERED ANY OF THE FOLLOWING CONDITIONS: MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE, SPINAL INJURY, OR STROKE?
YES _____ NO _____
7. HAVE YOU NOTICED URINE LEAKAGE MORE SINCE MENOPAUSE?
YES _____ NO _____
8. DO YOU HAVE VASCULAR DISEASE CAUSED BY DIABETES OR OTHER CONDITION?
YES _____ NO _____
9. ARE YOU OVER AGE 50?
YES _____ NO _____
10. ARE YOU OVERWEIGHT?
YES _____ NO _____

DOCTOR'S SIGNATURE

DATE

MEMORY ASSESSMENT



Plundo
Medical
Associates

Osteopathic P.C.
Tax I.D. #25-1409031

Larry J. Plundo, DO • Michael N. Plundo, DO • Nicholas R. Gross, DO

NAME: _____ BIRTHDATE: _____ TODAYS DATE: _____

HAS THERE BEEN A CHANGE IN ANY OF THE FOLLOWING OVER THE LAST SEVERAL YEARS?

1. PROBLEMS WITH JUDGEMENT (problems making decisions, bad financial decisions, problems with thinking)
YES _____ NO _____ DON'T KNOW _____
2. LESS INTEREST IN HOBBIES OR ACTIVITIES
YES _____ NO _____ DON'T KNOW _____
3. REPEATS THE SAME QUESTIONS, STORIES, OR STATEMENTS OVER AND OVER
YES _____ NO _____ DON'T KNOW _____
4. TROUBLE LEARNING HOW TO USE A TOOL, APPLIANCE, OR GADGET (computer, microwave, remote control)
YES _____ NO _____ DON'T KNOW _____
5. FORGETS CORRECT MONTH OR YEAR
YES _____ NO _____ DON'T KNOW _____
6. TROUBLE HANDLING COMPLICATED FINANCIAL AFFAIRS LIKE BALANCING CHECKBOOK, INCOME TAXES, OR PAYING BILLS
YES _____ NO _____ DON'T KNOW _____
7. TROUBLE REMEMBERING APPOINTMENTS
YES _____ NO _____ DON'T KNOW _____
8. DAILY PROBLEMS WITH THINKING AND/OR MEMORY
YES _____ NO _____ DON'T KNOW _____

TOTAL AD8 SCORE _____

DOCTOR'S SIGNATURE

DATE