VAUGHAN PHYSIOTHERAPY CLINIC

- **Web** vaughanphysiotherapy.com
- **Tel** (905) 669-1221
- **Fax** (905) 669-6995
- **Email** info@vaughanphysiotherapy.com
- **Address** 398 Steeles Ave W, Unit 201, Thornhill, ON L4J 6X3

Scan for your patient portal: book, forms and receipts

Seniors Program Intake

Get better today.

This sheet adds to your New Patient Intake. It helps us plan your one-on-one seniors program around your goals, balance and daily life.

Patient name *		**Date of birth ***	Y Y Y Y - M M - D D

Your goals

What would you most like to be able to do, or do more easily? *	

Balance and falls

Falls in the last 12 months	☐ None ☐ 1 ☐ 2 or more	**Injured in a fall?**	◯ Yes ◯ No
Worried about falling?	☐ Not at all ☐ A little ☐ Very	**Feel unsteady when standing or walking?**	◯ Yes ◯ No
Walking aid	☐ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other		
Anything that affects balance	☐ Dizziness ☐ Vision changes ☐ Numb feet ☐ Osteoporosis ☐ Low blood pressure ☐ None		

Daily activities

Tick any that are hard for you now.

Hard to do	☐ Stairs ☐ Getting up from a chair ☐ In and out of bed ☐ Bath or shower ☐ Dressing ☐ Carrying groceries ☐ Walking 10 minutes ☐ Driving		
Living situation	☐ Alone ☐ With family / partner ☐ Retirement residence	**Stairs at home?**	◯ Yes ◯ No
Grab bars or rails at home	◯ Yes ◯ No	**Help at home**	

Activity

Current exercise or activities			
Minutes of walking on most days		**Classes or groups you attend**	

Signature *		**Date ***	Y Y Y Y - M M - D D