



411 West Main Street, Suite 3  
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## Senior Balance and Fall Risk Assessment at Flaherty PT

Dear Participant:

The physical therapy staff of Flaherty Physical Therapy, Inc. [www.flahertyphysicaltherapy.com](http://www.flahertyphysicaltherapy.com) (FPT) will be performing a free balance and fall risk assessment today on you.

The focus of this assessment is to assess any physical limitations that may predispose you to having a higher risk of falling, and then provide you with some activities that you can do daily to lower your fall risk. The primary goal of this program is to teach Seniors easy ways to reduce their fall risk in the home and in their communities.

The staff of FPT will perform the assessment in a one on one, 30-minute appointment. At the end of the assessment, everyone will be given an individualized assessment form that will have all the results noted for your review. Specific recommendations will also be attached including specific exercises to be done at home as well as other instructional handouts to reduce your fall risk. We also like to share your information with your primary care physician, so they can be updated on your fall risk.

The main parts of the screen will include:

- You will fill out the Modified Falls Efficacy Scale
- We will perform a Posture assessment
- You will perform a Timed Up and Go Test
- You will perform a Berg Balance Test

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street Address Town State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_



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Print Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Senior Balance and Fall Risk Assessment at Flaherty PT

### WAIVER AND RELEASE AND ASSUMPTION OF RISK AGREEMENT

In consideration of me being permitted to participate in any way in the Flaherty PT Senior Balance and Fall Risk Assessment, I agree:

1. I understand the nature of **the Senior Balance and Fall Risk Assessment** activities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted at my home, off site location or in the clinic of FPT during the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) Assessment Activities involve risks and dangers, up to **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my Participation in the Activity.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** Flaherty PT, any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



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### Medical History for Senior Balance and Falls Risk Assessment

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M

Have you had any surgeries in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Have you had physical therapy in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please note where and when: \_\_\_\_\_

Do you have any current allergies we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Please answer yes or no to the following:

Medical History	YES	NO	Medical History	YES	NO
Anxiety/Depression			Heart Attach/Surgery		
Asthma/Hay Fever			Immune Deficiency/ Disease		
Arthritis			Joint Replacement Surgery		
Back Injury or Pain			Kidney Disease		
Neck Injury of pain			Liver Disease/ Hepatitis		
Cancer/Tumor			Lung Disease/ Tuberculosis		
Chest Pain			Osteoporosis		
Clotting/Bleeding Disorder			Neurological Disease/ Stroke		
Convulsions/Epilepsy			Pace Maker/ Defibrillator		
Diabetes			Skin Disorders/ Psoriasis		
Eye Issues: Glaucoma, Cataract			Thyroid Disease		
Fractures			Vertigo/ Vestibular Issues		
High Blood Pressure			OTHER:		
Do you smoke?					



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]