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795 Farmers Lane, Suite 10
Santa Rosa, California 95405
Main: 707.571.7615
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East Santa Rosa & Oakmont
6574 Oakmont Drive
Santa Rosa, California 95409
Main: 707.539.5256
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Medicare Questionnaire

Please note: This information is required by Medicare.

Patient Name	Date

Have you fallen two (2) or more times in the past year?	Yes	No
Please explain:		
Have you been injured by a fall in the past year?	Yes	No
Please explain:		

Medication List

Name (Please include all prescriptions, over the counter drugs, vitamin and herbal supplements)	**Dosage** (mg., cc., etc)	**Method** (oral, injection, etc)	**Frequency** (daily, weekly, monthly)