Central Santa Rosa
795 Farmers Lane, Suite 10
Santa Rosa, California 95405
Main: 707.571.7615
Fax: 707.571.8601

East Santa Rosa & Oakmont
6574 Oakmont Drive, Suite D
Santa Rosa, California 95409
Main: 707.539.5256
Fax: 707.539.7914

## 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

Please include all prescriptions, over the counter drugs, vitamin and herbal supplements. If medication is taken any other way than orally, please indicate method.

| **Name** | **Dosage** | **Method (if applicable)** |
|---|---|---|
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