

Clinical Examination (To be completed by Health Professional)

Cardiovascular: Lying: B/P: ____/____ COMMENTS:
Pulse while lying _____
Standing: B/P: ____/____
Pulse while lying _____

Cognition: Is patient alert and oriented? COMMENTS:
YES _____ NO _____

Gait: NORMAL _____ ABNORMAL _____
Abnormal if: Hesitant start
Broad-based gait
Extended arms
Lateral List
Forward-flexed Posture
One foot doesn't pass the other (step length)
Toe drags
Path deviates
Antalgic gait (limping)

Balance: Timed Up and Go Seconds to complete: _____

Neuromuscular:
Range of Motion: NORMAL RIGID CONTRACTURE
Bradykinesia YES _____ NO _____
Tremor YES _____ NO _____

Somatosensory:
128Hz tuning fork test on medical malleolus:
Can you feel on right side? YES _____ NO _____
Can you feel on left side? YES _____ NO _____

Impression:
____ Strength Problem
____ Balance Problem
____ Parkinsonism
____ Severe hip/knee OA
____ Vestibular Problem
____ Visual Problem
____ Somatosensory Problem
____ Anxiety Problem
____ Environmental Problem
____ Other: _____

Suggested Referral/Treatment Options
____ Patient education handout on Falls
____ Patient Handout 'Home Safety Checklist'
____ Recommend change in medication: (specify) _____
____ Assistive Device (specify) _____
____ Recommend Strength/balance exercises:
Upper Body ____ Lower Body ____
____ Recommend community exercise program
____ Referral to Otology/Neuro-Otology/Audiology
____ Referral for Physical Therapist
____ Referral to Occupational Therapist or Nurse for
home safety inspection/modifications
____ Referral to Optometrist or (neuron) ophthalmologist
____ Referral to Cardiologist
____ Referral to Neurologist
____ Referral to mental health professional
____ Other: _____

COMMENTS:

Provider's Signature: _____ Date of Visit _____
Patient Name: _____ Med. Rec. #: _____ Patient DOB _____