FAST TRACK PHYSICAL THERAPY & SPORTS MEDICINE

6717 S. 900 E., Suite 201
Midvale, UT 84047-5755
Phone: (801) 649-4690
Fax: (801) 984-4011

MEDICARE

1. Have you ever been diagnosed with Diabetes Mellitus? _____

1.1. If No, please skip to Question # 3, If Yes, please answer below.

1.2. Have you experienced any changes in, or lack of, sensation or strength in your legs and/or feet? _____

1.3. If Yes, Please Describe: _____

2. Have you been evaluated for Appropriate Footwear within the past year? _____

2.1. If Yes, Please Describe: _____

2.2. Have you experienced any Vascular, Neurologic, Dermatological, or Structural Changes in your feet?

2.3. If Yes, Please Describe: _____

3. Have you fallen in the past 12 months?

3.1. If Yes, please indicate how many times you have fallen in the past year. _____

4. Please provide a current list of medications, including: prescription, over-the-counter medications, and herbal medications, as well as vitamin/mineral/dietary (nutritional) supplements

Name of Medication/Vitamin/Supplement	Dosage	Frequency (Times/day or week)	Route of Administration (oral, injection, etc)

- If you require more space, please feel free to ask the front office staff for additional sheets

Name (printed): _____ Signature: _____ Date: _____