The Neurologic Group
of Bucks & Montgomery County

Name:_____Date of Birth:_____

Please answer the following questions:

1. Do you have an advanced care plan such as a living will
or a surrogate decision maker (durable power of attorney)? ____ Yes ____ No

Representatives Name:_____

Relationship:_____

Address:_____

Phone Number:_____

2. Have you fallen in the past two years or had fall with injuries in the past year?____ Yes ____ No

If yes, please describe:_____

_____

3. Current weight:_____

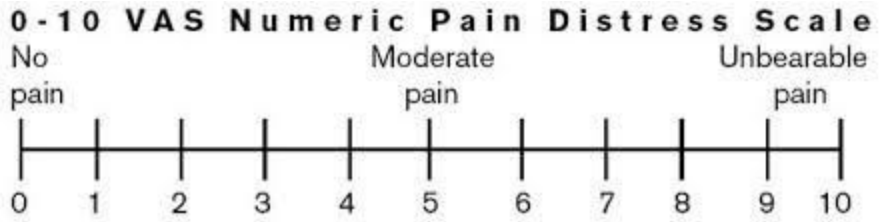
4. Current smoker: ____ Yes ____ No

5. Do you have high blood pressure? ____ Yes ____ No

6. Have you received the Influenza Immunization (Flu Vaccine) ? ___ Yes ____No _____Date

7. Have you received the Pneumonia Vaccination ? ___ Yes ____No _____Date

Please complete the pain assessment scale below:



Signature:_____Date:_____