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 one year or had a 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. In the past <u>two weeks</u>, How often have you been bothered by any of the following?

1. Little interest or pleasure in doing things:
   Not at all▢ Several days▢ More than half the days▢ Nearly every day▢ Declined to specify▢

2. Feeling down, Depressed,or Hopeless::
   Not at all▢ Several days▢ More than half the days▢ Nearly every day▢ Declined to specify▢

Signature:_____Date:_____