SPRINGS MEDICAL FALLS & BALANCE CLINIC

SELF REFERRAL PRE-REGISTRATION QUESTIONNAIRE

Tick the boxes below that apply to you	
Are currently using a walking stick or other gait aid?	☐ yes ☐ no
How many falls in last 3 months? Including slip/trip, lost balance, room/head spinning, legs unsteady/gave way	☐ 0-2 ☐ 2-4 ☐ +5
How many falls in last 12 months? Slip/trip, lost balance, room/head spinning, legs unsteady/gave way	☐ 0-2 ☐ 2-4 ☐ +5
History of collapsing and/or legs giving way?	☐ yes ☐ no
History of feeling dizzy or lightheaded?	☐ yes ☐ no
Fear of falling and/or low confidence?	☐ yes ☐ no
Any visual impairment?	☐ yes ☐ no
Any loss of sensation or feeling in one or both feet?	☐ yes ☐ no
Any history of vertigo or other vestibular issue?	☐ yes ☐ no

Add any extra relevant information in the box to the right	