

**Topics you want to consider when talking with your physician:**

- How many times have you fallen in the last year?
- When was the last time you fell?
- Any serious injuries resulting from falls.
- Causes of falls
- Lifestyle changes because of your experience with falls
- Will my medication side effects increase my risk for falls?
- Are there alternatives to these medications?

**IMPORTANCE:**

- ◊ Your information gives the doctor a full understanding of your situation and needs
- ◊ Assists with keeping your independence
- ◊ Doctor can treat issue before it is too late

## WORKSHEET

This form can help you organize your concerns, thoughts, or health matters that you would like to discuss with your physician. Use this form to make a list of concerns you would like to discuss from most important to least important.

**Concerns (Most Important to Least Important)**

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	

**Notes:**