



1st Choice is Your Best Choice!

Client Needs Questionnaire

Client Name _____

Date _____

- | | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a fall in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a fear of falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Would you like your balance to be assessed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you experience dizziness or imbalance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you lose your balance when stepping up/down curbs or stairs/steps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a difficult time walking in the dark? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have difficulty hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have foot and/or ankle pain/discomfort | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you currently wear shoe inserts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you interested in learning about how a shoe insert could help your condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have pain and/or physical challenges other than what you are being seen for today? | <input type="checkbox"/> | <input type="checkbox"/> |

ALGONQUIN

1447 Merchant Dr.
Algonquin, IL 60102
847.658.1117

HUNTLEY

10719 Dundee Rd.
Huntley, IL 60142
847.515.3366

SLEEPY HOLLOW

1035 W. Main St.
Sleepy Hollow, IL 60118
847.428.9900

www.1stchoice-pt.com

Facebook: 1st Choice Physical Therapy