Mobility Check for Scheduling

Patient Name: _____

As we have a two-story building, please answer the following questions:

1. Are you or anyone who will be coming with you using a wheelchair*?*   **Yes** or **No**

2. Do you have any difficulty going upstairs or walking more than a short distance?

    Yes or **No**

3. Do you use a cane or walker?   **Yes** or **No**

4. Do you have a recent history of falling?   **Yes** or **No**

5. Do you use an oxygen tank, supplemental oxygen, or have COPD, or congestive heart failure, or do you easily become short of breath?   **Yes** or **No**

Please call us if any of this changes prior to the appointment so that we can make appropriate arrangements.