

AWARE SENIOR CARE 919-436-1871

ANNUAL PHYSICAL

| Tasks- today | No problem | Difficult to do/need help | No longer do |
|-------------------------------|------------|---------------------------|--------------|
| Bathing/showering | | | |
| Grooming | | | |
| Dressing | | | |
| Getting up from bed | | | |
| Getting up from sitting | | | |
| Walking | | | |
| Eating | | | |
| Remembering to take meds | | | |
| Driving | | | |
| Grocery shopping | | | |
| Visiting friend/family | | | |
| Attending favorite activities | | | |
| Tasks- 6 months ago | | | |
| Bathing/showering | | | |
| Grooming | | | |
| Dressing | | | |
| Getting up from bed | | | |
| Getting up from sitting | | | |
| Walking | | | |
| Eating | | | |
| Remembering to take meds | | | |
| Driving | | | |
| Grocery shopping | | | |
| Visiting friend/family | | | |
| Attending favorite activities | | | |

History of falls

No Yes

If yes, when did they occur?

Date upon rising after a few steps while walking

Date: upon rising after a few steps while walking

Topics to discuss: (use the reverse to help define)

ACUTE VISIT or CALL

What is the symptom/problem?

Describe it- as many details as possible

Date first noted

Is it getting worse?

If yes, how is it worse?

How often does it bother you?

When does it bother you?

Does anything make it better?

Does anything make it worse?

Have you had anything like this
in the past?

If yes, did anything make it better?