

# Core Dynamics Physical Therapy

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Please fill answer the following. These are MEDICARE required questions.

A. List all medications (Include Name, Route of Administration, Dosage, Frequency)

Name	Route of Admin	Dosage	Frequency

B. Have you had a fall in the past 12 months? Y                  N  
 a. Please Explain:

C. Have you had a fall with an injury in the past 12 months? Y                  N  
 a. Please Explain:

D. What is your pain level today, the day of your initial examination? (0-10, 0 = no pain; 10 = severe pain, N/A = I don't experience pain)

0      1      2      3      4      5      6      7      8      9      10