

515 Forrest Park Way
Greenwood, AR 72936
Phone: 479-996-5078
Fax: 479-996-5079



618 W Center St.
Greenwood, AR 72936
Phone: 479-996-2525
Fax: 479-996-5079

Objective Measurement Questionnaire

Name: _____ Date: _____

Please answer the following questions as accurately as possible for the required insurance reporting

1: **Height:** _____ Feet _____ Inches _____ **Weight:** _____

2: Have you had any **falls** over the past year? Yes _____ NO _____

If so how many? _____

Were you injured during any of the reported falls? Yes _____ NO _____

3: Please write or give a copy of your **current** medications, **that you take daily**, prescribed and over the counter:

Pain Scale (mark your pain right now)

0=No pain

10=Worst possible pain

0	1	2	3	4	5	6	7	8	9	10
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Comments: _____