



## CLIENT NEEDS ASSESSMENT

### A. HOW'S YOUR BALANCE?

Have you had a fall in the past year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a fear of falling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you experience dizziness or imbalance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you lose your balance when stepping up/down curbs or stairs/steps?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a difficult time walking in the dark?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have difficulty hearing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you like your balance to be assessed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### B. ANYTHING ELSE GOING ON?

Do you have osteoporosis, osteoarthritis and/or joint pain?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take bone and/or joint supplements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you experience muscle aches, pains and/or muscle cramping?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you use cold, heat or compression therapy at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in learning how compression clothing with ice could help your condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in learning how home heat and/or cold therapy could help your condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have foot and/or ankle pain/discomfort?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently wear shoe inserts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in learning about how a shoe insert could help your condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have pain and/or physical challenges other than what you are being seen for today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you like to get more information about your whole body health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in learning how a medically based fitness program could safely optimize your physical condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO