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| Date: |  |
| Interview Conducted By: |  |

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| --- | --- |
| First Name |  |
| Surname |  |
| Address |  |
| Home Phone  |  | Mobile Phone |  |
| Date of Birth |  | Gender |  |
| Emergency Contact Name |  |
| Emergency Contact Phone  |  |
| GP’s Name |  |
| GP’s Address |  |
| GP’s Phone |  |
| Preferred Location |  |
| Language |  |

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| **Entry Criteria Checklist** |
| Have you had a fall in the last year? |  |
| Are you concerned about falling or further falls? |  |
| Can you walk independently? |  |
| Do you use a walking frame? |  |
| Can you walk safely inside your home? |  |
| Do you have a progressive neurological condition? |  |
| Do you have a medical condition that might limit your ability to participate in the program? |  |
| Do you live in the community or an independent living unit? |  |
| Is a group offered in a suitable language? |  |
| Would the person be able to participate in a group setting? |  |

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| Notes: |  |
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