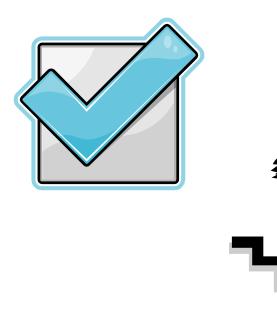
If you answer <u>yes</u> to any of the previous questions, what is your Personal Plan?

For more information contact:

County of Orange Office on Aging Information and Assistance Line 1-800-510-2020 www.downwithfalls.org

Assess Your Risk For Falls





www.downwithfalls.org

Ask yourself the following questions: **Possible Actions:** Ask your health care provider to check your: Have you fallen in the last year? Medications Do you have trouble getting up out of a chair? Blood pressure lying and standing · Balance and walking Do you feel unsteady when you walk? Refer you to physical therapy Attend an exercise class Do you take four or more medications, including: Review all prescription medications, over-the-**Prescriptions** counter medicines and supplements with your Over-the-counter (sleep aids, allergies, health care provider and/or pharmacist. etc.) Herbals? Ask your health care provider to check your: Medications Blood pressure lying and standing Do you feel dizzy when you get up from a bed Balance and walking or chair? See your doctor and ask about therapy or Do you have pain, tingling or numbness in your treatment options. A foot doctor can recommend feet, knees, hips, or back? the best shoes for you. See your eye doctor if you have not in the last Do you have any vision problems (like reading, year. driving, judging height and/or distance of steps)? Review getting up techniques (included in this kit) Ask the Office on Aging about obtaining a At any time, do you have difficulty getting up Personal Emergency Response System. from the floor without help? Ask your health care provider to refer you to physical therapy. Do you have muscle weakness, especially in Call the Office on Aging for local exercise or the legs? balance and mobility classes.