

Medicare-Required Information

Recent Weight (last six months): _____

Recent Height (last six months): _____

*If your BMI is above or below normal parameters, please note the following:

- 1) Consuming more calories than you expend through activity will result in weight gain.
- 2) Consuming fewer calories than you expend through activity will result in weight loss.

Have you fallen for any reason in the past year? (Circle one): NO YES

If yes, how many times? _____

How did you fall? _____

Did you sustain an injury? What type? _____

*If you have fallen, please note that Medicare recommends consideration of vitamin D supplementation.

Please list ALL medications, vitamins, and supplements with details

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u> (how taken)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information on this page is required by Medicare. Questions or concerns regarding this may be directed to your US Senators and Representative.