

MEDICARE REVIEW OF SYSTEMS

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Do you live independently?	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to shop for yourself?
<input type="checkbox"/>	<input type="checkbox"/>	Do you live with family, roommate or assisted living facility?	<input type="checkbox"/>	<input type="checkbox"/>	Can you use the phone independently?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have good social & family support?	<input type="checkbox"/>	<input type="checkbox"/>	Can you call emergency services independently?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have pets in the household?	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to clean your own home?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to drive yourself?	<input type="checkbox"/>	<input type="checkbox"/>	Do you handle your own finances?
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear your seatbelt?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have loose throw rugs in home?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have financial concerns?	<input type="checkbox"/>	<input type="checkbox"/>	Is your home free of obstacles & tripping hazards?
<input type="checkbox"/>	<input type="checkbox"/>	Is your voice hoarse?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fear of falling?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have chest congestion?	<input type="checkbox"/>	<input type="checkbox"/>	Are small rugs tacked down or non-skid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you cough up blood?	<input type="checkbox"/>	<input type="checkbox"/>	Is your flooring & steps in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have heartburn?	<input type="checkbox"/>	<input type="checkbox"/>	Do your steps have non-skid surfaces?
<input type="checkbox"/>	<input type="checkbox"/>	Have you noticed blood in your stools?	<input type="checkbox"/>	<input type="checkbox"/>	Are exits, halls, stairways and pathways clear & well lit?
<input type="checkbox"/>	<input type="checkbox"/>	Are you sexually active?	<input type="checkbox"/>	<input type="checkbox"/>	Do interior stairs have secure handrails?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have joint pain, stiffness or weakness?	<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of lifeline?
<input type="checkbox"/>	<input type="checkbox"/>	Are you feeling stressed out?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use sturdy step stool with handrails when needed?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an excessive appetite?	<input type="checkbox"/>	<input type="checkbox"/>	Is your bathtub or shower equipped with grab bars & non-skid surface?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a loss of appetite?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a shower chair?
<input type="checkbox"/>	<input type="checkbox"/>	Do you experience excessive thirst?	<input type="checkbox"/>	<input type="checkbox"/>	Is your cane, walker or wheelchair in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	Do you sweat excessively?	<input type="checkbox"/>	<input type="checkbox"/>	Are smoke detectors present & checked twice per year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you having hair loss?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fire extinguisher available?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with Anemia?	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to manage your thermostat?
<input type="checkbox"/>	<input type="checkbox"/>	Are you Immunodeficient?	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to describe and enact an emergency plan?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have environmental allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to bathe & groom yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to dress yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to feed yourself?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to toilet yourself?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to drive yourself?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to ride the bus by yourself?			