

1215 21<sup>st</sup> Ave South  
7<sup>th</sup> floor, Suite 7209 MCE South Tower  
Nashville, Tennessee 37232-8025

Fax: 615-322-9109  
Phone: 615-936-5000

**Physician Referral Form:  
Falls Assessment by Audiology and Physical Therapy  
Evaluation and Treatment – Fridays only**

Date of Referral: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
Primary Insurance, Group ID, contact number: \_\_\_\_\_  
Secondary Insurance, Group ID, contact number: \_\_\_\_\_  
Indications for referral: \_\_\_\_\_  
ICD-10/Diagnosis code: \_\_\_\_\_

Please check the box below to confirm this is the desired test:

**Integrated Falls/Risk of falls assessment and intervention with Audiology and Physical Therapy**

The “falls clinic” offers patients and their providers a multidisciplinary assessment of factors that are known to influence falls risk. These factors include: vestibular function, vision, proprioception, cognitive function, depression, gait, orthostatic hypotension, and postural assessment.

The patient will undergo vestibular function assessments with Audiology. Gait and postural assessments will be completed with Physical Therapy. A summary report will be forwarded to your office upon completion.

Physician signature: \_\_\_\_\_  
Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

*This form may be placed directly into the fax machine for referral (Fax: 615-322-9109).  
A copy of patient instructions is on the reverse of this form.*

## **Patient Instructions for Risk of Falls Assessment and Intervention**

- The standard appointment is scheduled to be 3 hours long. Please wear clothing and footwear that you are comfortable walking in.
- If you are already unsteady or dizzy before your appointment, we suggest that you bring someone with you who can drive you home after the testing has been completed. If you utilize a cane or walker, please bring it with you to the appointment.
- If you have hearing aids or cochlear implants, please wear them for your appointment.
- Your testing might include: sitting with your head still for 5-10 minutes at a time, an examiner moving your head into various positions for 5-10 minutes at a time, sounds played to your ear via an earphone less than a minute at a time, or water trickled into your ear for less than a minute at a time, standing for less than 15 minutes at a time, and tests of walking ability. There may also be screenings for your vision, blood pressure, touch sensation, and questionnaires covering a variety of topics.
- Since many foods and beverages can affect the results of this test we ask that you do not eat anything 6 hours prior to the appointment. If you are diabetic you may eat a small meal (example: toast and juice) 2 hours before your test.
- Please continue to take your prescription medications, however, we ask that you bring with you a list of these medications and their dosages.
- Please do not wear makeup or moisturizer, especially mascara and eye liner because they can affect the results of the tests.