



BENNINGTON RESCUE SQUAD
FALLSCAPE REFERRAL FORM

Demographic Information			
Participant Name		Referred to:	Bennington Rescue Squad
Birthdate			
Address		Address	120 McKinley Street
City, State, Zip		City, State, Zip	Bennington, VT 05201
Phone		Phone	802-442-5817 Ext. 122
Email		Email	falls@benningtonrescue.org

CDC STEADI Falls Risk Questions	Circle One	
1. Have you fallen in the past year?	YES	NO
2. Do you feel unsteady when standing or walking?	YES	NO
3. Do you worry about falling?	YES	NO

Note: If the participant answers "yes" to any of the above questions, he or she is at a risk of falling.

ADDITIONAL INFORMATION

Other reason for referral:	
Other relevant information:	

Referred by:				
Print Name		Signature		Date

RETURN FORM TO:
BENNINGTON RESCUE SQUAD
FALLSCAPE PROGRAM
120 MCKINLEY STREET
BENNINGTON, VT 05201
Phone: 802-442-5817
Fax: 802-447-1993
Email: falls@benningtonrescue.org