



Stellar Rehabilitation, LLC  
1049 N. Edge Trail  
Verona, WI 53593  
608-845-2100  
[www.stellarrehab.com](http://www.stellarrehab.com)

Residents and Family Members,

Stellar Rehabilitation is proud to provide preventative and wellness services for residents. This complimentary screening will be completed to identify risk for falls, feeding difficulty, decreased ability to participate in daily activities and management of caregiver training. The results of the screen will allow Stellar's staff to provide suggestions, recommendations, and potentially contact with the family and physician if therapy is indicated.

If you would like your resident to participate in this free, preventative service at please sign below.

\_\_\_\_\_ Yes, I would like to receive a complimentary screen from Stellar Rehabilitation

\_\_\_\_\_ No, I am not interested in a complimentary screen from Stellar Rehabilitation

\_\_\_\_\_

Resident Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name of POA/Relationship to Resident

\_\_\_\_\_

Signature of POA

\_\_\_\_\_

Date

\_\_\_\_\_

Patient Facility

\_\_\_\_\_

Room Number



## CHECKLIST FOR RESIDENTS

- \_\_\_\_\_ Resident has tendency to catch his/her foot on floor, step or curb when walking.
- \_\_\_\_\_ Resident bumps into wall or corners when walking.
- \_\_\_\_\_ Resident doesn't walk in a straight line.
- \_\_\_\_\_ Resident stoops over when walking, or when using a walker, cane or other assistive device.
- \_\_\_\_\_ Resident demonstrates poor safety on stairs, curbs or sidewalks.
- \_\_\_\_\_ Resident demonstrates increase assistance with finding their way around.
- \_\_\_\_\_ Resident has had a history of falls.
- \_\_\_\_\_ Resident coughs during or after meals or liquids.
- \_\_\_\_\_ Resident has a runny nose or watery eyes during or after meals.
- \_\_\_\_\_ Resident has history of multiple bouts of pneumonia.
- \_\_\_\_\_ Resident has a poor appetite or is losing weight.
- \_\_\_\_\_ Resident has difficulty with eating.
- \_\_\_\_\_ Resident has difficulty with dressing and/or bathing.
- \_\_\_\_\_ Resident has tremors while using their hands or arms (buttoning, zipping or handwriting).
- \_\_\_\_\_ Resident has tendency to lose their balance while doing an activity.
- \_\_\_\_\_ Resident has difficulty with grooming and hygiene tasks (brushing hair, applying