

WVCC FAME Assessment Performed by:

Participant Information		
Name		
Address		
Date of Birth	Tel (home)	
Emergency Contact	Name:	Telephone:

Information on Stroke		
Date of Stoke (dd/mm/yy)		
Post Stoke Impairments	Left Sided Weakness Right Sided Weakness Communication Shoulder Pain	Memory Attention Perception Vision

Assistive Devices	Ankle Foot Orthosis AFO	Shoulder Brace/Sling
	Cane	Walker
When do you use these devices?		

Other Medical Conditions		
Osteoarthritis	Knee Ankle	Hip Other:
Osteoporosis		
Cardiovascular Condition	Congestive Heart Failure Heart Attack Heart Surgery Arrhythmia	High Blood Pressure Valve Disease Angina Other:
Respiratory	Asthma Bronchitis Pneumonia Emphysema	Shortness of breath at rest or with activity Dry cough Other:
Diabetes	Type 1 (Insulin Dependent)	Type 2 (Adult Onset)
Recent Surgeries:		
Allergies:		
Other Conditions:		

Safety – Risk of Falls		
Low Risk	Intermediate Risk	High Risk
List of Medications:		

Can they answer YES to all these Points?

Can they stand for 5 minutes?

Can they walk for 10 meters (with or without a walking aid)?

Can they communicate with the instructor?

Follow instructions verbally or in combination with gestures and demonstrations?

Let the instructor know if they have pain, or do not want to do a particular exercise?

Can they go to the washroom by themselves?

Do they want to improve their walking, fitness, balance, and help prevent a second stroke?

Doctor's name:

Doctor's approval:

(attached)

Additional information: