

FALL SAFETY ASSESSMENT¹

Name _____ Date _____ Unit _____ PMD _____

CC: _____

HPI: _____

FALL: Date _____ Location _____ Activity _____ Comment _____

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PMH: _____

MEDS: _____

ROS: Specific: _____

General: Weakness/Fatigue ___ Insomnia ___ Wt Loss ___ Other _____

Vision: Blurry Vision ___ Change in Vision ___ Blind Spots ___ Other _____

Neuro: Dizziness ___ Vertigo ___ Paresthesias ___ Other _____

Cardiac: SOB ___ Orthopnea ___ DOE ___ Palpitations ___ Claudication ___ CP ___

Pulm: Cough ___ Wheezing ___ Other _____

GI: N/V ___ Abd Pain ___ Constipation ___ Diarrhea ___ Other _____

GU: Dysuria ___ Frequency ___ UI ___ Nocturia ___ X ___

MS: Joint Pain ___ Stiffness/Contractures ___ Other Pain _____

BASELINE FCN: ADLs _____

Ambulation _____

¹ FALL SAFETY ASSESSMENT Form 1.doc; Revised 1/2/2000

Mental Status _____

ENVIRONMENT: _____

PE: Appearance _____

Temp _____ RR _____ Mental Status _____

Supine HR ___ BP _____ 1 Min HR ___ BP _____ 3 Min HR ___ BP _____ 5 Min HR ___ BP _____

HEENT: Visual Acuity: OD _____ OS _____ Hearing: _____

Pulm: Effort: _____ A&P: _____

Cardiac: JVP: _____ Carotid Bruits: _____ Aus: _____ Edema: _____

Abd: Appearance: _____ BS: _____ HS/M: _____

Neuro: Pupils: _____ EOM/CNs: _____ Nystagmus: _____

Peripheral VFs: OD _____ OS _____ RAM: _____

Tone: _____ Tremor: _____ Abn Movements: _____

MSRs: _____ Plantar Reflexes: _____

Sensation: LT: _____ Sharp: _____

Vibration: _____ Proprioception: _____ Vestibular: _____

Motor: _____

Cerebellar: _____ Romberg: _____

MS: Joints/ROM: _____

Footwear/Feet: _____

Other: _____

PERFORMANCE TESTING:

Tinetti: Balance: _____ Gait: _____ Total: _____ Abns: _____

Gait: _____

Other: _____

TESTS/IMAGING: _____

ASSESSMENT/PLAN:

NH Fall Risk Factors (Relative Risk/Odds Ratios):

LE Weakness (6.2) ___ Balance Deficit (4.6) ___ Gait Deficit (3.6) ___
Impaired Mobility or Use of Walking Aide (3.3) ___ Functional Impairment (3.1) ___
Visual Deficit (2.7) ___ Orthostasis (2.1) ___ Cognitive Impairment (1.5) ___

Contributing Factor Check List:

Acute Medical Condition ___	Environmental ___	Delirium ___
Balance Abns ___	Gait Abns ___	Poor Safety Awareness ___
Orthostasis ___	Meds ___	Deconditioning ___
Vision Abns ___	Nocturia ___	UI ___
Vestibular Dz ___	Cerebellar Dz ___	Post Column Dz ___
New Focal Motor ___	Old Focal Motor ___	Drop Attack ___
Dysequilibrium ___	Contractures ___	Arthritis ___
Foot Problems ___	Footwear ___	
Other (Describe): _____		

Most Important Fall Risk Factors:

1. _____
2. _____
3. _____

Discussion: _____

Plan: _____

Examiner: _____ **Attending:** _____