



Fall Risk Assessment (for patients 65+)

- **History of falling within the past 3 months?** yes (25) no (0)
- **Have you ever been diagnosed with a fall risk?** yes (15) no (0)
- **Do you use any of the following to assist in walking?** yes no

If yes, please indicate what you use:

- furniture (30) crutches, cane, or walker (15)

- **Do you have an IV/Heparin lock?** yes (20) no (0)
- **How would you describe your gait and ability to transfer from one location to another?** Impaired (20) weak (10) normal (0)
- **Please describe mental status:** forgets limitations (15) oriented to own ability (0)

TOTAL SCORE: _____

A score of 0-44 indicates a need for standard environmental safety precautions.

A score of 45+ indicates a greater risk of fall – consider implementing a Fall Prevention Plan of Care.