

Fall Risk Assessment Tool

Resident: \_\_\_\_\_ Home: \_\_\_\_\_

Category	Value	Resident status	Score
<b>History of falls in past 3 months</b> (Choose one)	0	No falls	
	1	1-2 falls	
	2	3 or more falls	
<b>Ambulation</b> (May choose more than one)	0	Independent	
	1	Non-ambulatory	
	2	Unable to get up from sitting position without assistance	
	3	Full assist required	
<b>Gait/Balance</b> (Choose one)	0	Normal	
	1	Unsteady at times	
	2	Requires assistive device	
	3	Independently propels w/c	
<b>Sleep Patterns</b> (Choose one)	0	Normal	
	1	Sleeps less than 6 hours a night	
	2	Sleeps less than 4 hours a night	
<b>Vision</b> (Choose one)	0	Adequate with or without glasses	
	2	Poor	
	4	Blind	
<b>Mental Status</b> (Choose one)	0	Oriented times three	
	2	Intermittent confusion	
	4	Disoriented times three	
<b>Medications</b> (May choose more than one)	2	Takes 1-2 medications daily	
	3	Takes 2-9 medications daily	
	4	Take 9+ medications daily	
	3	Takes psychotropic medications	
<b>Adaptive Equipment</b> (May choose more than one)	0	No adaptive equipment needed	
	1	Orthotic Shoes	
	1	AFO's	
	2	Cane	
	2	Walker	
	2	Wheelchair	
<b>Chronic Medical Conditions</b> (May choose more than one)	1	Arthritis/Osteoporosis	
	1	Cerebral Palsy	
	1	Diabetes	
	1	Dementia	
	1	Peripheral Neuropathy	
	1	Cardiac Condition	
	2	Hemiplegia	
	2	Extremity contractures/fractures	
	2	H/O Stroke/TIA	
	2	Seizure activity within the past 12 months	

Total Score: \_\_\_\_\_

**Results of Fall Risk Assessment**

**Total score less than 8 (Minimal fall risk)**

A score of less than 8 is identified as a minimal fall risk. This person is at low risk for chronic falls and no extra precautionary measures are needed.

**Total score of 9-12 (Moderate fall risk)**

A person with a score of 9-12 points is identified as a moderate fall risk and should be evaluated by Physical Therapy or other medical professional to assess need for fall precautions.

**Score of 13+ (Severe fall risk)**

A person with a score of greater than 13 is identified as a severe fall risk and should be evaluated by Physical Therapy immediately for necessary precautions. If precautions are already in place they should be addressed in the IP.

**Reason for completing assessment:**

	Admission to the facility
	Annual IP
	Medication change with side effect of change in mental status (To be completed within 30 days of start of new medication) <b>Medication Change:</b> _____
	Hospitalization greater than 3 days
	New diagnosis that could increase risk of falls
	Change in adaptive equipment needs
	Vision changes
	Fracture
	Other

**Results of assessment:**

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**Recommendations:**

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**Safety measures already in place:**

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**Person completing assessment:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Fall Risk Assessment Tool