



Fall Risk Assessment Form

Circle appropriate score for each section and total score at bottom.

Parameter		Score	Patient Status/Condition
A	Level of Consciousness/ Mental Status	0	Alert and oriented X3 (X3 refers to person, place and time).
		2	Disoriented X3 at all times.
		4	Intermittent confusion.
B	History of Falls (past 3 months)	0	No falls.
		2	1-2 falls.
		4	3 or more falls.
C	Ambulation/ Elimination Status	0	Ambulatory & continent.
		2	Chair bound & requires assist w/ toileting.
		4	Ambulatory & incontinent.
D	Vision Status	0	Adequate (w/ or w/o glasses).
		2	Poor (w/ or w/o glasses).
		4	Legally blind.
E	Gait and Balance	—	Have patient stand on both feet w/o any type of assist; have patient walk forward, thru a doorway, then make a turn.
		0	Normal/safe gait and balance.
		1	Balance problem while standing.
		1	Balance problem while walking.
		1	Decreased muscular coordination.
		1	Change in gait pattern when walking through doorway.
		1	Jerking or unstable when making turns.
		1	Requires assistance (person, furniture/walls or device).
F	Orthostatic Changes	0	No noted drop in blood pressure between lying and standing. No change to cardiac rhythm.
		2	Drop <20mmHg in BP between lying and standing. Increase of cardiac rhythm <20.
		4	Drop >20mmHg in BP between lying and standing. Increase of cardiac rhythm >20.
G	Medications	—	Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemics, psychotropics, sedative/hypnotics.
		0	None of these medications taken currently or within past 7 days.
		2	Takes 1-2 of these medications currently or within past 7 days.
		4	Takes 3-4 of these medications currently or within past 7 days.
		1	Mark additional point if patient has had a change in these medications or doses in past 5 days.
H	Predisposing Diseases	—	Based upon the following conditions: hypertension, vertigo, CVA (stroke), Parkinson's Disease, loss of limb(s), seizures, arthritis, osteoporosis, fractures.
		0	None present.
		2	1-2 present.
		4	3 or more present.
I	Equipment Issues	0	No risk factors noted.
		1	Oxygen tubing.
		1	N/A or client does not consistently use assistive device.
		1	Equipment needs:

Total Score: _____ A score of 10 or more indicates high risk for falls.

Patient has been informed about fall risk assessment results and safety/fall prevention recommendations: Yes No

Signature: _____ 1-732-930-1935 • www.HCAJerseyShore.com