



Resident: _____

Home: _____

Category	Value	Resident status	Score
History of falls in past 3 months (Choose one)	0	No falls	
	1	1-2 falls	
	2	3 or more falls	
Ambulation (May choose more than one)	0	Independent	
	1	Non-ambulatory	
	2	Unable to get up from sitting position without assistance	
	3	Full assist required	
Gait/Balance (Choose one)	0	Normal	
	1	Unsteady at times	
	2	Requires assistive device	
	3	Independently propels w/c	
Sleep Patterns (Choose one)	0	Normal	
	1	Sleeps less than 6 hours a night	
	2	Sleeps less than 4 hours a night	
Vision (Choose one)	0	Adequate with or without glasses	
	2	Poor	
	4	Blind	
Mental Status (Choose one)	0	Oriented times three	
	2	Intermittent confusion	
	4	Disoriented times three	
Medications (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	
Adaptive Equipment (May choose more than one)	0	No adaptive equipment needed	
	1	Orthotic Shoes	
	1	AFO's	
	2	Cane	
	2	Walker	
	2	Wheelchair	
Chronic Medical Conditions (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) Medication Change: _____
	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:

Recommendations:

Safety measures already in place:

Person completing assessment: _____