

## FALLS RISK ASSESSMENT

<b>Name:</b>		<b>PARIS ID:</b>	
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>	
<b>Gender:</b>		<b>Phone:</b>	
<b>Home Address:</b>			

**Assessment Start Date:**

**Assessment End Date:**

**Reason For Assessment:**

**Carried Out By:**

**Other People Involved**

**Copies To Be Sent To:**

### Falls Risk Assessment

**Assessed By**

**Assessed Date:**

Gender	- Male	= 1	<input type="checkbox"/>
	- Female	= 2	<input type="checkbox"/>
Age	- Under 60	= 0	<input type="checkbox"/>
	- 60 to 70	= 1	<input type="checkbox"/>
	- 71 to 80	= 2	<input type="checkbox"/>
	- 81+	= 1	<input type="checkbox"/>
Falls History	- None	= 0	<input type="checkbox"/>
	- Indoor falls	= 2	<input type="checkbox"/>
	- Outdoor falls	= 1	<input type="checkbox"/>
	- Both	= 3	<input type="checkbox"/>
Medical History	- Diabetes	= 1	<input type="checkbox"/>
	- Cognitive Impairment	= 1	<input type="checkbox"/>
	- Seizures	= 1	<input type="checkbox"/>
	- Transient Ischemic Attack	= 1	<input type="checkbox"/>
	- Cerebral Vascular Accident	= 1	<input type="checkbox"/>
	- UTI / Incontinence	= 1	<input type="checkbox"/>
	- Parkinson and Neurological Disease	= 1	<input type="checkbox"/>
- Not Applicable		<input type="checkbox"/>	
Medication	- Psychotropic / Tranquilizers	= 1	<input type="checkbox"/>
	- Night Sedation	= 1	<input type="checkbox"/>
	- Anti-infectives (Anitbiotics)	= 1	<input type="checkbox"/>
	- 4 or more medications daily	= 1	<input type="checkbox"/>
	- Hypotensives	= 1	<input type="checkbox"/>
	- Diuretics	= 1	<input type="checkbox"/>



# FALLS RISK ASSESSMENT

Name:

PARIS ID:

## Falls Risk Assessment (continued)

Gait / Mobility

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Existing control measure:

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Action plan:

### Needs

Need	Post to C/P	Processed	Comments
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Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----