

## FALLS SCREEN

<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:**

**Carried Out By:**

### Falls History (past 90 days)

### Timed Get Up and Go (TUG) / Diagnosis

#### Instructions for Clients:

"Sit in chair, on the word 'Go', get up and walk at a comfortable and safe pace to the three metre mark, then turn, walk back and sit down".  
 Client is allowed one practice before timed measure is taken. Client should wear regular footwear and **use own regular walking aid**.

#### Observation Guidelines for Clinicians:

Observe how client stands up, with/without using arms; observe stability on turning and any assistance required; observe postural stability, gait pattern and sway; hearing, vision & cognition.

#### Time Score Guildlines:

If time to perform the screen is less than 15 seconds, client is at less risk for falls.

If greater than 15 seconds, client should have follow-up by health care team member(s) for further assessment. Observation comments must be included.

Increasing time to perform test = decreased functional independence and higher risk for falls.

Assessed By:

Assessment Date:

Location:

Have you had fall(s) in the last three months?

☐ Yes

☐ No

Observation of gait and stability, e.g. (un)steady, (un)safe, wide/narrow base, increased sway, too fast/slow:

Time Taken (seconds):

Walking Aid:

If Other, Specify:

Based on your clinical judgement do you think this client is at risk for falls?

☐ Yes

☐ No

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Name:	PARIS ID:
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Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Needs

Need	Post to C/P	Processed	Comments
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Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

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