Fredericksburg Christian Health Center

Fall Risk Assessment Age 65 or Older

Patient Name: _____ DOB: _____

Date: _____

Predisposing Disease	Do you have 3 or more co-existing factors listed here? (Hypotension, Vertigo, CVA, Parkinsons Disease, Loss of Limb, Seizures, Arthritis, Osteoporosis, Fractures, Peripheral Neuropathy)	Please list them here: _____ _____ _____ _____ _____ ⊏ None
History of Falls	How many times have you fallen in the last 3 months?	⊏ 0 times ⊏ 1-2 times ⊏ 3 or more times
Ambulation	How do you normally get around?	⊏ Walking without assistance ⊏ Using a cane, walker, or assistance ⊏ Wheel-chair
Continent	Have you had any trouble controlling your urine or bowel movements?	⊏ No ⊏ Yes, trouble controlling urine ⊏ Yes, trouble controlling bowels ⊏ Yes, trouble controlling both urine and bowel movements
Mental Status	Please check if you have experienced any of the following:	⊏ Intermittent confusion ⊏ Dementia/Alzheimer's ⊏ Neither
Vision	How is your vision?	⊏ Adequate WITHOUT corrective lens (glasses or contacts) ⊏ Adequate WITH corrective lens ⊏ poor (with or without corrective lens) ⊏ Legally blind
Medications	Do you use 4 or more prescription and/or over the counter medications?	⊏ Yes ⊏ No
Environmental Hazards	Please check all of the following that you have in your home:	⊏ Rugs ⊏ Clutter on floor ⊏ Uneven floors ⊏ Pets ⊏ Hard to reach items ⊏ Uneven entrance/exit areas ⊏ poor lighting ⊏ equipment tubing ⊏ None
Pain Affecting Level of Function	Does Pain Affect Desire or Ability to Move?	⊏ Yes ⊏ No If yes, where is the pain located? _____ _____ _____ _____

Patient's Name:_____ DOB:_____

Type of Care	Name of Specialist	Date of Last Visit	Next Due or Not Indicated (NI)
Cardiologist			
Dermatologist			
Endocrinologist			
Gastroenterologist			
Nephrologist			
Opthamologist			
Physical Therapist			
Pulmonologist			
Urologist			
Other			

Timed Get Up and Go Test:_____sec

Was the patient's Timed Up and Go Test unsteady or greater than 30 seconds? Yes____ No____

Do you have an advanced directive? Yes____ No_____