Fall Prevention Checklist

Patient Identification	
Name	
Date of Birth	
Room Number	
Patient ID Number	

Environmental Assessment		
Adequate Lighting		☐
Non-Slip Flooring		☐
Clear Pathways		☐
Accessible Call Device		☐
Safe Furniture Arrangement		☐
Physical Assessment		
Mobility Status		☐
Use of Assistive Devices		☐
Medication Side Effects		☐
Vision and Hearing Check		☐

Cognitive Assessment		☐
Patient Education		
Fall Prevention Strategies		☐
Use of Call Device		☐
Importance of Footwear		☐
Mobility Training		☐
Reporting Hazards		☐
Follow-Up Plan		
Regular Monitoring		☐
Care Plan Adjustments		☐
Staff Communication		☐
Review with Patient/Family		☐
Documentation in Records		☐

Doctor's Signature: _____

Doctor’s Name: _____

Date: _____