

# Fall Risk Assessment

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Identifier: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Risk Factor	Level	Score
<b>Recent Falls</b>	None in last 12 months	2
	One or more between 3 and 12 months ago	4
	One or more in last 3 months	6
	One or more in last 3 months whilst inpatient/ resident	8
<b>Medications</b> Including anti-depressants, anti-hypertensives, sedatives, anti-Parkinson's, diuretics, or hypnotics.	None	1
	One	2
	Two	3
	More than two	4
<b>Psychological</b> Including anxiety, depression, poor cooperation, poor insight or poor judgment, particularly regarding mobility.	None	1
	Mildly affected by one or more of these	2
	Moderately affected by one or more of these	3
	Severely affected by one or more of these	4
<b>Cognitive Status</b> Using Hodkinson Abbreviated Mental Test Score (AMTS)	AMTS 9-10	1
	AMTS 7-8	2
	AMTS 5-6	3
	AMTS 4 or less	4
<b>Risk Score</b>	<b>Scoring</b> Low: 5-11 Medium: 12-15 High: 16-20	<b>Total</b>  /20

**Automatic High Risk Status Factors:** If any of the below high risk status factors are selected, patient fall risk status is automatically high.

<input type="checkbox"/>	Recent change in functional status and/or medications affecting safe mobility (or anticipated)
<input type="checkbox"/>	Dizziness / postural hypertension

Fall Risk Status (choose one):  HIGH  MEDIUM  LOW

Additional Notes: