

Fall Risk Assessment Tool

Instructions:

Enter the patient's personal and medical information to fill out this table. As you progress through each section, carefully record the assessment findings in the corresponding "Findings" column. Conduct physical tests such as the Timed Up-and-Go, 30-Second Chair Stand, and 4-Stage Balance Test in a safe and controlled environment. Upon completion, review the findings, categorize the patient's fall risk, and note any recommendations for reducing this risk.

Section	Procedure/Parameters	Findings
Patient Information	Patient's name: Age: Sex: Medical History: Medications:	
Fall History	Questions: 1. Have you fallen in the past year? 2. Have you felt unsteady when standing or walking? 3. Are you worried about falling?	
Physical Examination	General medical condition: Neurological status: Musculoskeletal status: Sensory deficits: Foot problems: Vision check:	
Medication Review	Check if the patient is taking medications that could impact balance, gait, or cognition	

Gait & Balance Evaluation	Timed Up-and-Go (TUG) test: 30-Second Chair Stand Test: 4-Stage Balance Test:	
Environmental Assessment	Assess home for potential fall hazards such as poor lighting, loose rugs, and cords on the floor	
Assessment Result	Categorize risk (low, moderate, high), Identify problem areas (gait, strength, balance)	
Recommendations	Exercise program: Medication changes: Vision check: Footwear assessment: Home safety modifications:	