Risk Factors (check all that apply)

HIGH	MODERATE	LOW
Fall in past 30 days	Previous other fx in past 180 days	Does not use call light
Fall in past 31-180 days	Poor weight bearing	Change in medication
Previous fx in past 180 days	Forgets to use assistive device	Siderails used
Impaired balance	Poor safety judgment	Antidepressants
Self-transfer attempts	At NH < 5 days	Paraplegia
Requires assistance to toilet	Appliance device	Quadriplegia
Anti-psychotic drug use	Incontinent	Bedfast/chair bound
Orthostatic hypotension	Anti-anxiety drug use	Abnormal gait
•BP lying_____	Hypnotic use	Hearing impairment
•BP standing_____	Pain	
Dizziness	Cardiovascular drug use	
Inappropriate footwear	Diuretic drug use	
Restraints used	Seizure disorder	
Wanders	Hemiplegia	
Acute illness	Visual impairment	
	Cognitive impairment	
	Room environment	
*If one or more is checked, score at high risk.	*If one or more is checked, score at moderate risk.	*If one or more is checked, score at low risk.

Current Diagnosis: See current Dx list-use pertinent Dx that would pertain or influence.

Predisposing Diagnosis: Hypotension, vertigo, seizures, diabetes, arthritis, loss of limbs, CVA, osteoporosis, Parkinson's, fractures.

Nurse Signature:_____ **Date:**_____

RN Analysis:_____

Is this resident at risk for falls? Yes_____ **No**_____

If yes, is the Fall prevention Plan added to Care Plan? Yes _____ **No**_____

RN Analysis Signature:_____ **Date:**_____

Resident Name: