**Fall Risk Screening & Referral Form**

Attendee Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Stay Independent Checklist Score: \_\_\_\_\_\_** (> 4 points = increase in falls risk)
2. **Vital Signs:** Blood Pressure**\_\_\_\_\_\_\_\_\_\_\_\_** Heart Rate: **\_\_\_\_\_\_** 02 Saturation: **\_\_\_\_\_\_**

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Feet & Footwear Observation:**

Foot Abnormalities: **\_\_\_\_\_\_** Yes \_\_\_\_\_\_ No

Shoes (style, fit, & wear): \_\_\_\_\_\_ Concern \_\_\_\_\_\_ No Concern

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medications that Increase Risk of Falling:** **\_\_\_\_\_\_** Yes \_\_\_\_\_\_ No

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Walking, Strength & Balance:**

Timed Up & Go: **\_\_\_\_\_\_** (> 11seconds or imbalanced indicates a higher risk for falling)

30 Second Chair Stand:**\_\_\_\_\_\_**

|  |
| --- |
| 30 Second Chair Stand: Below Average Scores |
| Age | Men | Women |
| 60-64 | < 14 | < 12 |
| 65-69 | < 12 | < 11 |
| 70-74 | < 12 | < 10 |
| 75-79 | < 11 | < 10 |
| 80-84 | < 10 | < 9 |
| 85-89 | < 8 | < 8 |
| 90-94 | < 7 | < 4 |
| \* A below average score indicates a risk for falls |

**Recommendations**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **4 Stage Balance Test**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Stage 1 |  | Stage 2 |  | Stage 3 |  | Stage 4 |  |
| **\_\_\_\_\_\_** Seconds | **\_\_\_\_\_\_** Seconds | **\_\_\_\_\_\_** Seconds | **\_\_\_\_\_\_** Seconds |
| * Tandem stance < 10 seconds indicates older adults are at an increased risk of falls
 |

**RecommenRecommendation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Mobility Aids:** **\_\_\_\_\_\_** Cane \_\_\_\_\_\_ Crutch \_\_\_\_\_\_ Walker

Fit: \_\_\_\_\_\_ Concern \_\_\_\_\_\_ No Concern

**Recommendation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Vision**: \_\_\_\_\_\_ Concern \_\_\_\_\_\_ No Concern

Eye exam in last year**:** **\_\_\_\_\_\_** Yes \_\_\_\_\_\_ No

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Dizziness:** **\_\_\_\_\_\_** Yes \_\_\_\_\_\_ No If yes, when? Screening?

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Home Safety**: \_\_\_\_\_\_ Concern \_\_\_\_\_\_ No Concern

**Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Overall Recommendations |
|  | Tell your doctor right away if you have fallen, are afraid you might fall or feel unsteady |
|  | Review the “***Check For Safety***” brochure & make the recommended changes to your home |
|  | Get a referral for **Occupational Therapy** to help check for home hazards |
|  | Talk to your **pharmacist** or **primary care provider** about your medication regimen and discuss any side effects like, feeling dizzy or sleepy |
|  | Schedule an appointment with your primary care provider to address concerns with vital signs |
|  | Schedule an appointment with your **podiatrist** to address foot concerns |
|  | Modify shoe wear based on recommendations provided |
|  | Get your vision checked yearly by an **Ophthalmologist** and update your glasses as needed |
|  | Join a local exercise class and participate in activities that strengthen your legs and safely challenges your balance (e.g. Tai Chi) |
|  | Work towards the goal of **30 minutes per day, 5 days per week** of exercise |