Appendix A: **DDDS Fall Risk Assessment Tool**

Name: ________________________ **MCI:** ________________________

Address: _______________________ **D. O. B. :** ______________________

_________________________ **Provider:** ____________________

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Mark appropriate response per category, then add total points				
Points	**0**	**1**	**2**	**3**
Age	**50 or below**	**51 to 60**	**61 to 69**	**79 or above**
Mental Status	**Oriented, cooperative**		**Oriented, uncooperative or depressed/agitated**	**Confused, not oriented**
Physical Status	**Well**	**Documented orthostasis**	**Dizziness, vertigo, syncope**	**Cachexia, wasting**
Elimination	**Independent, continent**	**Catheter or ostomy**	**Elimination with assistance; diarrhea or incontinent**	**Independent but incontinent; urgency/ frequency**
Sensory	**No vision or hearing issues**	**Hearing loss only**	**Vision loss only**	**Hearing and Vision Loss**
Neuromotor	**No paralysis or spasticity**	**Upper extremity only**	**Lower extremity only**	**Both upper and lower**
Gait	**Unable to walk/stand (not at risk), or fully ambulated**	**Physically unable to walk/stand (but may attempt to)**	**Walks with help (e.g. mobility aids; cane, walker, holds onto furniture, etc.)**	**Balance problems- walking or standing; unsteady gait**
Fall History, past 6 months,	**None**	**Near falls or fear of falling**	**Has fallen one or two times**	**Multiple falls (more than two)**
Medications	**None below**	**1 med below`**	**2 meds below**	**3 or more**
Circle: alcohol Anesthetic, Antihypertensive, Anti-seizure, benzodiazepine, diuretics, cathartics, hypoglycemics, narcotics, psychotropics, sedative/hypnotics.				
Subtotal Pts.				
Total Points				
0-5 points: Low Risk; 6-10 points: Moderate Risk; 10 or more points: High Risk * If the person scores 6 or more than implement the Safety Section of the ELP.				

Signature of Nurse: ______________________________ **Date:** ______________________

PARC Approved 08/20/08
Form # 28/CS