### Fall Risk Screening Tool

**Name:** _____________________________  **Site:** _____________________________  **MCI:** _____________________________  **Prepared by:** _____________________________  **Date of screening:** _____________________________

**Directions:** This assessment is to be completed on all residents upon admission into Residential Services or Day Services/Employment Provider. Reassessment shall be completed any time there is a change in health status that would affect his/her risk for falls. Check applicable items that best apply and indicate points to the right. Add points and note total score below.

#### Mental Status:
- **(0 pt)** Oriented/alert at all times/or comatose
- **(1 pt)** Lethargic/forgetful/inconsistent orientation or response to stimuli
- **(2 pts)** Confused-non-agitated/highly distractible/depressed/uncooperative/impaired judgment
- **(3 pts)** Confused/agitated/aggressive/non-purposeful behavior/impulsive

#### Physical Status:
- **(0 pt)** Normal/well/healthy/no remarkable medical and physical problems
- **(1 pt)** Dyspnea/respiratory conditions
- **(2 pts)** Syncope/orthostatic hypotension/joint difficulties (arthritis, contractures)
- **(3 pts)** Seizure disorder/cachexia/wasting/LE amputation/vestibular imbalance

#### Elimination:
- **(0 pts)** Independent and continent
- **(1 pt)** Catheter and/or ostomy/dependent (uses protective undergarments)
- **(2 pts)** Elimination with assistance/occasional incontinence
- **(3 pts)** Independent but incontinent (urgency/frequency)

#### Sensory:
- **(0 pt)** No hearing or vision problems
- **(1 pt)** Hearing loss/impairment only
- **(2 pts)** Vision loss/impairment only
- **(3 pts)** Has both hearing and vision loss/impairments

#### Neuromotor:
- **(0 pt)** Normal muscle tone/no weakness/no paralysis/no spasticity
- **(1 pt)** Upper extremities only (weakness/paralysis/spasticity/athetosis)
- **(2 pts)** Lower extremities only (weakness/paralysis/spasticity/athetosis)
- **(3 pts)** Both upper and lower extremities (weakness/paralysis/spasticity/athetosis)

#### Gait:
- **(0 pt)** Independent ambulator/non-ambulatory/immobile
- **(1 pt)** Non-ambulatory/has bed mobility(has wheelchair mobility
- **(2 pts)** Independent ambulator with assistive device (i.e. walker/cane)
- **(3 pts)** Ambulatory with physical assistance and assistive device/unsteady gait

#### History of Falling Within Past 3 Months:
- **(0 pt)** None
- **(1 pt)** Near falls or fear of falling
- **(2 pts)** 1-2 falls
- **(3 pts)** Multiple falls (more than 2)

#### Medications
- **Antihistamine**
- **Antihypertensives**
- **Antiseizure/Antiepileptic**
- **Benzodiazepines**
- **Cathartics**
- **Diuretics**
- **Hypoglycemic agents**
- **Psychotropics**
- **Sedatives/Hypnotics**
- **Narcotics**
- **Other**

**On the above medication groups, indicate how many the resident is currently taking:**
- **(0 pts)** No medications
- **(1 pt)** 1 medication
- **(2 pts)** 2 medications
- **(3 pts)** 3 or more

**Total Score:**

0- 9 points: Low risk  10- 17 Moderate risk  18 or more: High risk

If the person scores 10 or more: safety support should be implemented and reflected in the ELP.