

Fall Risk Checklist

Patient: _____ Date: _____ Time: _____ AM/PM

| Fall Risk Factor Identified | Factor Present? | Notes |
|--|--|-------|
| Falls History | | |
| Any falls in past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Worries about falling or feels unsteady when standing or walking? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medical Conditions | | |
| Problems with heart rate and/or rhythm | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cognitive impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Incontinence | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Foot problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other medical conditions (Specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medications (Prescriptions, OTCs, supplements) | | |
| CNS or psychoactive medications | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medications that can cause sedation or confusion | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medications that can cause hypotension | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gait, Strength & Balance | | |
| Timed Up and Go (TUG) Test ≥12 seconds | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 30-Second Chair Stand Test Below average score based on age and gender | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4-Stage Balance Test Full tandem stance <10 seconds | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vision | | |
| Acuity <20/40 OR no eye exam in >1 year | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Postural Hypotension | | |
| A decrease in systolic BP ≥20 mm Hg or a diastolic bp of ≥10 mm Hg or lightheadedness or dizziness from lying to standing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Risk Factors (Specify) | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

