



test, anna (80)(F)

Date of Birth:

Consultant:

NHS NO.

Address:

Gender: **F**

Tel:

Hospital Number:

Home Ward: **TRAINING**

GP Details: ,

FALLS RISK ASSESSMENT

AT RISK OF FALLS

19/06/2019 10:43 BY

Has the person fallen in the last 12 months?	Yes
Has the person fallen since the last ward/unit assessment?	Yes
Is the patient agitated, restless, impulsive or very confused? [Think delirium]	Yes
Is the patient presenting with faints, giddiness, seizures etc? [Think hypotension]	Yes
Is the person unsafe standing/transferring without supervision or assistance?	Yes
Is the person unsafe walking without supervision or assistance?	Yes
Is the person in need of frequent supervised or assisted toileting/continence care?	Yes
Does the person have cognition and sensory issues that impact on safety? e.g. visual/hearing, impairment/spatial awareness	Yes
Is there a trip hazard? e.g. equipment, drains, pumps, catheters, unfamiliar walking aids or poor footwear?	No
Is the patient aged 65 or over?	Yes