

Fall Risk Assessment

Individual:	Medicaid #			Date:
<p>This form is used to assess the potential fall risk of an individual being served. This form should be completed at admission and annually.</p>				
Assessment Area	Assessment Items	Points Per Item	Points	
History	Has a history of recent falls (within last 6 months)	1		
Physical Status	a. Experiences fatigue / weakness	1		
	b. Experiences dizziness / balance problems	1		
	c. Impaired mobility (uses cane, crutches, walker)	1		
	d. Exhibits sensory (hearing / vision) impairment	1		
	e. Has a seizure disorder/has experienced seizures	1		
	f. Has a unsteady gait	1		
	g. Has difficulty maneuvering stairs	1		
	h. Has difficulty grasping rails	1		
	i. Has difficulty sitting up	1		
	j. Impaired Vision	1		
	k. History of low or unstable blood sugar	1		
	l. Need frequent toileting	1		
	m. History of Hypotension	1		
Mental Status	a. Is confused / exhibits illogical thinking	1		
	b. Experiencing agitation or delirium	1		
	b. Has impaired memory/judgment	1		
	c. Is disoriented to person/place/time	1		
	d. Lacks familiarity with surroundings	1		
	e. Is unable to understand or follow directions	1		
	f. Intoxicated or withdrawing from alcohol or other drugs	1		
Medication	Uses drugs that:			
	a. Are narcotics, sedatives, psychotropics, hypnotics, tranquilizers, and may cause drowsiness or dizziness	1		
Total Score:				
NOTE: Please score according to the following code below				
4) High Risk (Individual requires close monitoring, supervision & mobility assistance due to a history of falling) 16+ points				
3) Moderate Risk (Individual requires close monitoring, supervision & some mobility assistance due to the potential of frequent falls). 11-15 points				
2) Minimal Risk (Individual requires occasional monitoring due to an occasional fall). 6-10 points				
1) Low Risk (Individual rarely falls and usually requires no assistance with mobility). 3-5 points				
0) No Risk or history of falling. 0-2 points				
<p>The Golden Rule Care Staff will report all falls to the Program Director/QDDP and complete an incident report when falls occur. A total score of 11 or more requires that this area be addressed as a health and safety issue and incorporated into the ISP Part V.</p>				
QDDP Printed Name and Signature:			Date:	