

Fall Risk Assessment Form

Patient Name: _____ Date _____

Circle appropriate score for each section and total score at bottom.

Parameter		Score	Patient Status/Condition
A.	Vestibular (Dizziness)	0	No complaints of dizziness
		2	Intermittent complaints of dizziness
		4	Dizziness that interferes with ADLs
B.	History of Falls (past 12 months)	0	No falls
		2	1-2 falls or near falls
		9	3 or more falls or near falls
	Demographics	1	Female
		2	Female > 65 years
D.	Vision Status	0	Adequate (w/ or w/o glasses)
		2	Poor (w/ or w/o glasses)
		4	Legally blind
E.	Gait and Balance 	-----	Have patient stand on both feet w/o any type of assist then have walk: forward, thru a doorway, then make a turn. (Mark all that apply.)
		0	Normal/safe gait and balance.
		1	Balance problem while standing. 
		1	Balance problem while walking. 
		1	Decreased muscular coordination. 
		1	Change in gait pattern when walking through doorway.
		1	Jerking or unstable when making turns
		1	Requires assistance (person, furniture/walls or device).
F.	Ankle Strength/ Range of Motion 	0	Normal ankle strength and ROM within normal limits
		2	Moderate limitation of ankle joint range of motion and strength 
		4	Significant ankle joint instability and weakness 
G.	Medications	-----	Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemics, psychotropics, sedative/hypnotics.
		0	None of these medications taken currently or w/in past 7 days.
		2	Takes 1-2 of these medications currently or w/in past 7 days.
		4	Takes 3-4 of these medications currently or w/in past 7 days.
		1	Mark additional point if patient has had a change in these medications or doses in past 5 days.
H.	Predisposing Diseases 	-----	Based upon the following conditions:  neuropathy, hypertension,  vertigo, CVA  , Parkinson's Disease  , loss of limb(s), seizures,  arthritis, osteoporosis,
		0	None present.
		2	1-2 present.
		4	3 or more present.
I.	Get Up and Go 	0	Able to rise in a single motion (no loss of balance with steps)
		2	Pushes up, successful in one attempt 
		4	Multiple attempts to get up, but successful 
J.	Walk and Talk	5	Inability to maintain normal gait pattern while walking 
		8	Must stop walking in order to speak
TOTAL SCORE 70 total points			A score of 10 or more indicates high-risk for falls. See Fall Prevention Protocol Form for treatment options

 indicates primary consideration for the Moore Balance Brace

