

Fall Risk Assessment

Patient Name: _____ Date of Birth: _____

Patient Identifier: _____ Date of Assessment: _____

Risk Factor	Level	Score
Recent Falls	None in last 12 months	2
	One or more between 3 and 12 months ago	4
	One or more in last 3 months	6
	One or more in last 3 months whilst inpatient/ resident	8
Medications Including anti-depressants, anti-hypertensives, sedatives, anti-Parkinson's, diuretics, or hypnotics.	None	1
	One	2
	Two	3
	More than two	4
Psychological Including anxiety, depression, poor cooperation, poor insight or poor judgment, particularly regarding mobility.	None	1
	Mildly affected by one or more of these	2
	Moderately affected by one or more of these	3
	Severely affected by one or more of these	4
Cognitive Status Using Hodkinson Abbreviated Mental Test Score (AMTS)	AMTS 9-10	1
	AMTS 7-8	2
	AMTS 5-6	3
	AMTS 4 or less	4
Risk Score	Scoring Low: 5-11 Medium:12-15 High: 16-20	Total /20

Automatic High Risk Status Factors: If any of the below high risk status factors are selected, patient fall risk status is automatically high.

☐	Recent change in functional status and/or medications affecting safe mobility (or anticipated)
☐	Dizziness / postural hypertension

Fall Risk Status (choose one): ☐ HIGH ☐ MEDIUM ☐ LOW

Additional Notes: