

Fall Risk Factors

Instructions: Left-hand column contains a list of factors that if present increase a patients likelihood of falling. Review complete list each annual visit and as needed. Discuss all positive findings. (Place a “P” if it is a positive finding and an “N” if it is negative.) Document discussion, education and recommendations for increasing home safety in office visit notes for all “P” findings. Consider consult with physical therapy, as appropriate.

	DATE	DATE	DATE	DATE	DATE
Impaired: musculoskeletal function/Gait abnormality/osteoporosis					
Cardiac arrythmias Blood Pressure fluctuation					
Depression Alzheimer’s disease Memory Loss/Confusion					
Arthritis Hip weakness Knee weakness Imbalance					
Neurologic Conditions Stroke					
Urinary and Bladder Dysfunction					
Vision or Hearing Loss					

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