

Functional Fall Risk Evaluation Form

Patient Name Date

Enter the value that applies in the score column and total to assess patient's risk of falling

CATEGORY	VALUE	OBSERVATIONS & HISTORY	SCORE
Dizziness	0	Never feels dizziness	
	6	Feels dizziness at times	
	10	Frequent dizziness that interferes with normal daily activities	
Falls Previous 12 Months	0	No falls	
	6	Less than 2 falls or near falls	
	10	3 Falls or near falls	
Neuropathy	0	No sensory deficiencies	
	2	Peripheral neuropathy	
	4	Acute neuropathy	
Vision (With or Without Glasses)	0	Adequate	
	2	Poor	
	4	Legally Blind	
Gait & Balance (Total All That Apply) Test: Have patient stand without assistance and walk approximately 10ft. in a straight line through a doorway and make a 180° turn and return to their original position.	0	Normal/Stable gait & balance	
	2	Unstable while standing	
	2	Unstable while walking	
	2	Lack of typical coordination	
	2	Abnormal gait when passing through the doorway	
	2	Unstable when making turn	
	2	Requires assistance completing the test	
Ankle Stability & Range of Motion	0	Normal ankle stability and range of motion	
	2	Limited ankle stability and range of motion	
	4	Unstable ankle and restricted range of motion	
Medications Is the patient taking any of the following medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemic, psychotropics, sedatives/hypnotics	0	Has taken none of the specified medications in the past 7 days	
	2	Has taken 1-2 of the specified medications in the past 7 days	
	4	Has taken 3-4 of the specified medications in the past 7 days	
	1	Mark one additional point if the patient has had a change in these medications or dose in the past 5 days	
Predisposing Diseases Does patient present any of the following conditions: neuropathy, hypertension, vertigo, CVA, Parkinson's, loss of limb(s), seizures, arthritis, osteoporosis, fractures	0	0 present	
	2	1-2 present	
	4	3 or more present	
Standing From Seated	0	Successful in one attempt, fluid in motion without instability	
	2	Successful in one attempt, some instability	
	6	Multiple attempts to successfully reach a standing position	
	10	Unsuccessful in attempt to stand or needed assistance	
Total patient's score and transfer total to the next page			

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CATEGORY	VALUE	OBSERVATIONS & HISTORY	SCORE
Walking While Talking	0	No instability or change in gait	
	6	Instability or abnormal gait while walking and speaking	
	10	Interrupted gait or patient stops walking to speak	
Foot Deformity	0	No foot deformity	
	2	Foot deformities present	
Footwear	0	Supportive footwear/proper fit	
	2	Ill-fitting, worn, or inappropriate footwear	
Total patient's score from page 2			
Total patient's score from page 1			
Combined Score for pages 1 & 2 (Apply this total to the 3 grades below to asses fall risk)			

Check the fall risk below that corresponds to the patients total score

☐ 0 - 9 - Low Risk Of Falls	Implement actions for identified individual risk factors, and recommend health promotion behavior to minimize future ongoing risk (increased physical activity, medication assessment, good nutrition, footwear assessment, Podiatric specialist referral, home safety education).
☐ 10-20 - High Risk Of Falls	Implement actions for identified individual risk factors, and implement additional actions for high falls risk (Fall Prevention Center referral, home safety assessment and education, medication assessment, good nutrition, footwear assessment, Physical/ Occupational Therapy referral, Balance Brace, other assistive devices as needed).
☐ >20 - Extreme Risk Of Falls	Implement actions for identified individual risk factors, and implement additional actions for extreme risk (Fall Prevention Center referral, implementation of home modification devices [bathing, toileting and stairs], good nutrition, care giver education, medication assessment, footwear assessment, Physical/ Occupational Therapy referral, Balance Brace, other assistive devices as needed).

Additional Notes

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Physician Signature Date