

Multi Factorial Falls Risk Assessment Tool

Patient Name:			
NHS No:		DoB:	
Form Completed By:		Time:	
Signature:		Date:	

Description of Circumstances					Actions
1. History of Falls		Year	Month		Consider referral to rapid response if risk of hospital admission. Does this patient need comprehensive geriatric assessment?
Number of falls in the last					
Week		Is this a new problem		Yes	No
Circumstances e.g. inside, outside, what was patient doing					
Any associated symptoms e.g. light head, dizziness, blackouts			Yes	No	If unexplained fall, blackout or new arrhythmia consider specialist geriatric assessment –discuss with GP
Record pulse		Arrhythmia	Yes	No	
Did patient know they were falling			Yes	No	
Unable to get up			Yes	No	If yes Physio and / or OT referral required following discussion with GP, Community Matron or CNOP. Care direct for information on personal alarms
Any near miss or falls back onto sofa or bed			Yes	No	
Unable to summon help			Yes	No	
Could this patient be acutely unwell			Yes	No	Discuss with GP or integrated nursing team as appropriate.
Fear of falling			Yes	No	Consider OT and physio. Give staying steady and what to do if you fall leaflets
2. Medications					Consider referral for medication review by GP, pharmacist or community matron
4 or more medications? Include over the counter drugs Antidepressants / Anti-psychotic / Sedative / Blood pressure / Diuretic / (Circle)		Yes	No		
Recent changes in medication		Yes	No		
Taken as prescribed		Yes	No		
3. Postural Hypotension					Postural Hypotension if drop of 20mm Hg on systolic (top number), drop of 10mmHg on diastolic (bottom number) or if systolic is lower than 90mmHg. Discuss with GP Give advice on coping strategies
Lighthead or dizziness on standing or getting out of bed		Yes	No		
Check lying to standing BP after lying for 10 mins					
Lying		Standing at 1 min			
Standing at 3 mins					
4. Alcohol Intake - units of alcohol consumed					If more than 1 unit per day use brief intervention tool to discuss likely harm to patient
Per day		Per week			
5. Nutrition and Osteoporosis					Use MUST flowchart Discuss calcium and vitamin D intake Check dentition and refer to dentist if needed
Height		Weight		BMI	
Unplanned weight loss in last 3 – 6 months? MUST Score =			Yes	No	
Indigestion			Yes	No	Discuss with GP

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Calcium & Vitamin D		Yes	No	Check taking correctly	
Bone sparing agent e.g. bisphosphonate		Yes	No		
If no bone protection- did parent fracture hip		Yes	No		
-premature menopause		Yes	No	Check FRAX and discuss with GP	
6. Vision		Date of last eye test		Eye test more than 1 year ago or deterioration in vision - prompt eye test (information on home eye tests if needed) Use Eyes Right Screener if patient reluctant to attend eye test Find correct glasses Suggest discussion of vision and falls with optometrist	
Has vision deteriorated since last eye test		Yes	No		
Wearing incorrect glasses		Yes	No		
Not wearing prescribed distance glasses or wears bifocals or varifocals?		Yes	No		
7. Hearing		Difficulty with hearing conversational speech		Check for wax Refer back to audiology if known to this service or refer to GP for initial referral	
Assessment required for hearing aid		Yes	No		
8. Walking / Gait		Unsteady on feet or shuffles taking uneven steps or holds on to furniture		Check if previous physio referral. If not consider referral to Physio /group*. If yes, request last therapy discharge from GP/ RiO to see if further intervention appropriate Consider podiatry referral Urgent referral to GP or Rapid Response unless longstanding medical reason for this	
Obvious foot problems. Please look at bare feet as able		Yes	No		
Is it unsafe to walk patient		Yes	No		
9. Transfers		Has difficulty with or appears unsteady when transferring with or without a carer		If manual handling problems identified consider referral for Physio and/or O.T. If problem is urgent may require Rapid Response	
		Yes	No		
10. Function		Difficulty with ADLs e.g. washing / dressing / food preparation / stairs /		Consider OT referral and equipment needs	
Are strategies already in place		Yes	No		
11. Continence		Urgency		Use symptom profile and access continence pathway	
Nocturia		Frequency			
Daily fluid intake					
12. Environmental Hazard		Any obvious hazards		Educate patient regarding potential risks of falls. Advise/refer patient to Care & Repair, Home adaptations team (via Care Direct)	
13. Cognition		Problems with forgetfulness over the last 12 months that have caused patient significant problems		Use cognition test if patient willing Discuss with GP	
		Yes	No		

Outcome: Referrals to

GP	CM	CNOP	OT	CRT	Podiatrist	Pharmacist
Falls Nurse Specialist	Care Direct	Rapid Response	Rehab Centre			
Dietician	Dom Physio	*Strength & Balance group	Care and repair	Dentist		
Other						
Leaflets Given	Staying Steady	What to do if you fall	Other: specify			
Abnormal blood results						
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Signature:				Date:		