

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 consider Physio and / or OT referral. 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 as appropriate.	
Fear of falling				Yes	No	Consider OT and physio. Give staying steady leaflet	
2. Medications						Consider referral for medication review by GP or pharmacist	
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 patient fracture hip		Yes	No		
-premature menopause		Yes	No	Check FRAX and discuss with GP	
6. Vision		Date of last eye test		If eye test more than 1 year ago or deterioration in vision suggest eye test & information on home eye tests if needed 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		Yes	No	Check for wax Refer back to audiology if known to this service or refer to GP for initial referral	
Difficulty with hearing conversational speech		Yes	No		
Assessment required for hearing aid		Yes	No	Check if previous physio referral. If not consider referral to Physiotherapy. If yes review outcomes to see if further intervention is appropriate Consider podiatry referral Urgent referral to GP or Rapid Response unless longstanding medical reason for this	
8. Walking / Gait		Yes	No		
Unsteady on feet or shuffles taking uneven steps or holds on to furniture		Yes	No		
Obvious foot problems. Please look at bare feet as able		Yes	No		
Is it unsafe to walk patient		Yes	No	If manual handling problems identified consider referral for Physio and/or O.T. If problem is urgent may require Rapid Response	
9. Transfers		Yes	No		
Has difficulty with or appears unsteady when transferring with or without a carer		Yes	No	Consider OT referral and equipment needs	
10. Function		Yes	No		
Difficulty with ADLs e.g. washing / dressing / food preparation / stairs /		Yes	No		
Are strategies already in place		Yes	No	Use symptom profile and access continence pathway	
11. Continence		Yes	No		
Urgency		Nocturia			
Daily fluid intake		Educate patient regarding potential risks of falls. Advise/refer patient to WeCare & Repair, Care Direct as needed			
12. Environmental Hazard					
Any obvious hazards		Use cognition test if patient willing Discuss with GP			
13. Cognition					
Problems with forgetfulness over the last 12 months that have caused patient significant problems		Yes	No		

Outcome: Referrals to

GP		Community Nursing		Community therapy		Care Direct		Podiatrist	
Falls Specialist Nurse		Pharmacist		Rapid Response		Dentist			
Dietician		MSK physiotherapy		WECare and repair		Bladder and bowel			
Other									

Leaflets Given	Staying Steady				Other: specify
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Abnormal blood results						
Form Completed By: (name and role)					Time:	
Signature:					Date:	