

North Texas Family Health
Fall Risk Assessment Tool

Patient Name: _____ Date: _____

Fall Risk Assessment Tool		Score
Fall Risk Score Calculator - Select the appropriate option in each category. Add all points to calculate fall risk score. (If no option is selected, the score will be calculated to be zero (0)).		
<u>Age: (select only one)</u>		
60-69 years of age	(1 Point)	
70-79 years of age	(2 Points)	
80 years of age and older	(3 Points)	
<u>Fall History</u>		
Two or more falls in the last year	(5 Points)	
<u>Elimination, Bowel and Urine (select only one)</u>		
Urgency or Frequency	(2 Points)	
Incontinence	(2 Points)	
Urgency/Frequency and Incontinence	(4 Points)	
<u>Medications: Includes patient-controlled analgesia/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics.</u>		
Takes one "high fall risk" drug	(3 Points)	
Takes 2 or more "high fall risk" drugs	(5 Points)	
<u>Patient Care Equipment: Any equipment that tethers to the patient</u>		
One present	(1 Point)	
Two present	(2 Points)	
Three or more present	(3 Points)	
<u>Mobility: (Choose all that Apply)</u>		
Require assistance or supervision for mobility, transfer, or ambulation.	(2 Points)	
Unsteady Gait	(2 Points)	
Visual or Auditory Impairment affecting mobility	(2 Points)	
<u>Cognitive: Choose all that Apply)</u>		
Altered Awareness of Environment	(1 Point)	
Impulsive Reactions	(2 Points)	
Lac of Understand of Physical or Cognitive Limitations	(2 Points)	
<u>Total Fall Risk Score: (sum of all points per category)</u>		
Scoring:		
0-5 Points:	LOW Fall Risk	
6-13 Points:	MODERATE Fall Risk	
14 or More Points:	HIGH Fall Risk	

Provider Signature: _____ Date: _____