

## Risk Assessment Inventory: Falls

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

### Personal Risk Factors

√ if Present	Risk Factor
	History of falls
	Previous falls resulting in a fracture or laceration
	Frequent falls (two or more per month)
	Impaired vision
	Muscle or strength weakness
	Gait or balance disorders
	Dizziness or vertigo
	Incontinence or frequent toileting
	Agitation
	Sleep Disturbance
	Medications with known side effects that may affect balance or ability to ambulate
	Orthostatic hypotension (dizziness upon standing)
	Impaired mobility
	<ul style="list-style-type: none"> <li>• Requires assistance with ambulation</li> <li>• Uses mobility equipment (wheelchair, walker, cane)</li> </ul>
	Foot or leg deformity
	Seizures

### Environmental Risk Factors

√ if Present	Risk Factor
	Poor lighting
	Wet or slippery floors
	Loose electrical cords
	Inappropriate footwear
	Loose rugs
	Other: specify _____

**Individual:** \_\_\_\_\_ **Date:** \_\_\_\_\_