

GP Fall Risk Assessment

This assessment checklist can be used in conjunction with the patient's *Stay Independent* checklist.

Patient details/sticker:

Date	Ask the patient about their fall history	
	Have you had any falls in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How many?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 or more
	Did you injure yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What do you think is the cause of the fall(s)?	
	Are you worried about falling?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Risk factors	
	Balance, Strength and Gait	
	Using walking aid or have been advised to use walking aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Unsteady (e.g. feel unsteady when walking or hold onto furniture to steady when walking at home)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Weakness, balance and mobility problems (e.g. need to push with hands to stand up from a chair, have some trouble stepping onto a curb)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medications	
	Sedatives, antidepressants or antipsychotics	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4 or more medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision	
	Severe impairment (macular degeneration, glaucoma, diabetic retinopathy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cataract formation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Postural Hypotension, Light-Headedness or Dizziness	
	A decrease in systolic BP ≥ 20 mm Hg or a diastolic BP of ≥ 10 mm Hg from lying or sitting to standing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Light-headedness or dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Medical Conditions	
	Foot pain that lasts for at least a day	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Urge incontinence (e.g. rush to the toilet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Recent hospitalisation (e.g. in the past six months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cognitive impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tailoring Interventions to Fall Risk Factors

The following is a guide that can be used to develop a tailored management plan for your patient.

Date	Risk Assessment	Intervention/Management	Referral To/Follow-Up
	0 fall in past year + no other fall risk factor	Refer to how to fall-proof yourself in the <i>Stay Independent</i> brochure or <i>Staying Active and On Your Feet</i> booklet.	Community exercise with balance component. Example of exercises in <i>Staying Active and On Your Feet</i> booklet (URL below). NSW exercise venues: www.activeandhealthy.nsw.gov.au
	1 fall in past year, or worried about falling	<ul style="list-style-type: none"> Group exercise with balance component (e.g. Tai Chi), or Fall prevention program (e.g. Stepping On). 	Community exercise with balance component or a fall prevention program. Example of exercises in <i>Staying Active and On Your Feet</i> booklet (URL below). NSW exercise and Stepping On venues: www.activeandhealthy.nsw.gov.au
	Problems with balance/strength/gait	Consider individual prescription for balance and lower limb strength exercise.	Physiotherapist or exercise physiologist for exercise prescription.
	≥ 2 falls in past year, or Injurious falls, or 1 fall + unsteadiness, or 1 fall + recent hospitalisation	<ul style="list-style-type: none"> Refer for individual prescription for balance and lower limb strength exercise. Review home safety. If required, consider referral to geriatrician or Falls Clinic. 	Physiotherapist or exercise physiologist for exercise prescription. Occupational therapist for home safety assessment. Geriatrician or Falls Clinic, for complex care patients and those who continue to fall despite management.
	Taking sedatives, antidepressants or antipsychotics, or ≥ 4 medications	<ul style="list-style-type: none"> Review indication, side effects and use of medication(s). Consider discussion with a pharmacist. 	HMR pharmacist for comprehensive medication review.
	Severe vision impairment	Review home safety.	Occupational therapist for home safety assessment.
	Cataract(s)	Assess for cataract(s) surgery.	Ophthalmologist.
	Postural hypotension, dizziness, or light-headedness	Investigate underlying cause(s).	GP action: medical and/or medication management.
	Disabling foot pain	<ul style="list-style-type: none"> Assess foot pain. Consider foot and ankle exercises. 	FootHold Foot and Ankle exercises (www.foothold.org.au) Podiatrist, physiotherapist, or exercise physiologist for exercise prescription.
	Urge incontinence	Investigate underlying cause(s).	GP action: medical and/or medication management.
	Cognitive impairment	Select falls prevention activity suited to patient's cognitive ability.	Inform referred provider(s) of patient's cognitive status.