



Patient Name:

Date:



Increased Risk of Harm If You Fall

Fall Risks (Check all that apply)



History of Falls



Medication Side Effects



Walking Aid



IV Pole or Equipment



Unsteady Walk



May Forget or Choose Not to Call

Fall Interventions (Circle selection based on color)

Communicate Recent Fall and/or Risk of Harm



Walking Aids



Crutches



Cane



Walker

IV Assistance When Walking



Toileting Schedule: Every _____ hours



Bed Pan



Assist to Commode



Assist to Bathroom

Bed Alarm On



Assistance Out of Bed



Bed Rest



1 person



2 people