Falls Evaluation: Initial Visit

Name _____

Date: _____

Age: _____

Home Safety Ques.

(0=rare, no problem
3=Frequent/serious)

Trips	___
Handholds	___
Light	___
Footwear	___
Toilet	___
Bath	___
Stairs	___
Reach	___
Outside	___
Help	___

Past Med Hx

(check positives)

Syncope	☐
Heart disease	☐
Arrhythmia	☐
Seizures	☐
Renal Insufficiency	☐
Lung disease	☐
Alcoholism	☐
Neuropathy	☐
Stroke	☐
Vertigo	☐
Hearing loss	☐
Vision problems	☐
Arthritis	☐
Joint surgery	☐
Incontinence	☐
Depression	☐
Fractures	☐
Osteoporosis	☐
Vitamin D deficiency	☐
Parkinson's	☐

Family History

Arthritis	☐
Parkinson's	☐
Alzheimer's	☐
Heart	☐
Diabetes	☐
Depression	☐

Story of the Falls

Current Medical History/Treatments

Medical and Psychiatric History

Medications <see list

Positives (FHx, occup., habits, function)

ROS

(circle positives)

acute illness
memory loss
dizziness
incontinence
headache
chest pain
palpitations
joint pain
joint instability
foot problems
edema
weakness
weight loss
fatigue
cane/walker
help dress/bathe
stairs
walk block
depressed
fear of falling
insomnia

Drugs Causing Falls

Psychotropic medications
Diuretics
Antiarrhythmics
Hypoglycemics
Antihypertensives

Health Habits:

Tobacco

_____ /pk-yrs.

Alcohol

_____ /day

Lives Alone Y N

Vital Signs	**BP sit _____ BP standing_____ P___ T___ Wt.___lb Ht.__in**		
Eyes	☐ nl conjunctiva & lids	Feet	☐ no deformity, lesions, tenderness
Pupils	☐ pupils symmetrical, reactive	Nails	☐ no clubbing, cyanosis
Fundus	☐ nl discs & pos elements	Footwear	☐ supportive, safe, well-fitting
Vision	☐ acuity and gross fields intact		
ENT-External	☐ no scars, lesions, masses	**Neurologic**	
Otoscopic	☐ nl canals & tympanic membranes	**Check nl, circ abn**	**ROM** **Strength** **Tones**
Hearing	☐ nl to _____	Upper extrem	☐ ☐ ☐
Intranasal	☐ nl mucosa, septum, turbinate	Lower extrem	☐ ☐ ☐
Ant. Oral	☐ nl lips, teeth, gums		
Oropharynx	☐ nl tongue, palate, pharynx		
Neck palp.	☐ symmetrical without masses	Mental status	☐ nl alertness, attentive
Thyroid	☐ no enlargement or tenderness	Cranial nerves	☐ w/o gross deficit
		Coordination	☐ nl rapid alternating movement
Resp. effort	☐ nl without retractions	DTRs	☐ symmetrical, __ (scale: 0-4+)
Chest percuss.	☐ no dullness or hyperresonance	Sensation	☐ nl touch, proprioception
Chest palp.	☐ no fremitus	Orientation	☐ nl to m/d/day/yr, time
Auscultation	☐ nl bilateral breath sounds w/o rales	Tandem walk	☐ able, steady
		One leg balance	☐ 30 sec eyes open
		Psychiatric	
		Mood	☐ nl good eye contact, appropriate
		Memory	☐ nl short term and long term memory
		Thought process	☐ nl no delusions, phobias, hallucinations
Heart palp.	☐ nl location, size	**Get up and Go Test** (circle abnormal, check normal)	
Cardiac ausc.	☐ no murmur, gallop, or rub	Sitting balance	☐ steady, safe when upright
Carotids	☐ nl intensity w/o bruit	Arise w/arms folded	☐ able
Pedal pulses	☐ nl posterior tibial & dorsalis pedis	Standing balance	☐ steady in narrow stance
		Eyes closed	☐ remains steady
Abdomen	☐ no masses or tenderness	Nudge	☐ recovers w/o difficulty
L/S	☐ no liver/spleen	Gait initiation	☐ no hesitancy
Hernia	☐ no hernia identified	Step length/ht	☐ each foot passes stance, clears floor well
Anus/rectal	☐ no abnormality or masses	Step symmetry	☐ step lengths equal, regular
Breasts	☐ nl inspection & palpation	Pattern	☐ continuous, regular steps
		Path	☐ straight w/o walking aide
Comments:		Stance	☐ steps with heels together
		Sitting	☐ safe, smooth, judges distance correctly
		Speed	☐ 10 feet in less than 10 seconds
		Gait Description	
		Cartoid sinus stimulation (if indicated)	
		Recumbent PreBP____P____PostBP____P____	

Assessment

Recommendations

Environmental changes:

Assistive device

- ☐ Straight cane
- ☐ Quad cane
- ☐ Hemi-walker
- ☐ Standard Walker
- ☐ Rolling walker
- ☐ Three-wheel walker
- ☐ Other:

Exercise program

Referrals

- ☐ Physical therapist
- ☐ Podiatry
- ☐ Ophthalmology
- ☐ Bone density
- ☐ Emergency response
- ☐ VNA home safety evaluation

Educational Materials

- ☐ Falls: General Information
- ☐ Medical Evaluation of Falls
- ☐ Choosing and Using a Cane
- ☐ Choosing and Using a Walker
- ☐ What Is a Physical Therapist?
- ☐ Improve Your Balance in 10 Minutes a Day
- ☐ What is an Occupational Therapist?
- ☐ Choosing and Starting an Exercise Program
- ☐ Tai Chi
- ☐ Can You Get Help?
- ☐ After the Fall: A Guide for Patients and Families
- ☐ Steady As You Go: Low Blood Pressure
- ☐ Decrease Your Risk of Falling
- ☐ Avoiding Falls: Tips for Patients with Low Vision
- ☐ Put Your Best Foot Forward: Shoes and Falling
- ☐ Osteoporosis: The Brittle Truth
- ☐ Canes and Walkers