Royal Berkshire NHS
NHS Foundation Trust

Occupational Therapy
Falls Risk Assessment Checklist

Patient Details
Name
Address

Postcode

Tel Number
DOB
Hospital No
Ethnicity
Consultant
Ward

Date & Sign	Checklist				Details
	History of falls in last year	Yes	No	N/A	Context/Characteristics of fall:
	Ward transfers checked				Intervention
	Was the patient recommended a call alarm?	Yes	No	N/A	
	Was the patient assessed for social care support and referral offered?	Yes	No	N/A	
	Verbal falls prevention information given?	Yes	No	N/A	
	Written falls prevention + bone health information given and in own language?	Yes	No	N/A	
	Standardised Assessment of Cognition (Score)	MSQ	MMSE	N/A	
	Barthel Completed	Yes	No	N/A	
	Does the patient have a fear of falling during ADL's	Yes	No	N/A	
	Identified need for access or home visit?	Yes	No	N/A	
	Validated home visit assessment completed? (Home Fast)	Yes	No	N/A	Interventions following visit:
	Falls Clinic Referral	Yes	No	N/A	NB Option not relevant if seen by Geriatrician

Signed ……
Designation ……
Date ……