FALL RISK ASSESSMENT SHEET

 **(STRATIFY – OLIVER M BRITTON)**

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| **Nr.**  | **ASSESSMENT** | **TOTAL** |
| 1 | Has the patient been hospitalised because of the fall or has he/she fallen in the ward during hospitalisation? Yes=1, No=0 |  |
| 2 | Is the patient agitated? Yes=1, No=0 |  |
| 3 | Are his/her daily functions affected by impaired vision? Yes=1, No=0 |  |
| 4 | Does he/she need to often go to the toilet? Yes=1, No=0 |  |
| 5 | Does he/she need help/monitoring in order to move? Yes=1, No=0 |  |
| **TOTAL SCORE (>2 = risk of fall)** |  |