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Comox Valley & Campbell River, BC

Fall Risk Assessment

Identify risk factors and plan preventive interventions

Client

Client Name _____ **Assessor** _____ **Date** _____

Risk Factors

Risk Factor	Pts	Present	Notes
History of falls in the past 6 months	25	[ ] Yes [ ] No	
Uses mobility aid (cane, walker, wheelchair)	15	[ ] Yes [ ] No	
Unsteady gait or balance issues	20	[ ] Yes [ ] No	
Takes 4+ medications or sedatives	10	[ ] Yes [ ] No	
Vision or hearing impairment	10	[ ] Yes [ ] No	
Cognitive impairment / confusion	15	[ ] Yes [ ] No	
Incontinence or urgency	10	[ ] Yes [ ] No	
Lives alone or unattended periods	10	[ ] Yes [ ] No	

Scoring

0–20 Low risk • **21–45** Moderate risk • **46+** High risk

Total Score _____ **Risk Level** _____ **Reassessment Date** _____

Intervention Plan

Recommended interventions

_____

_____

_____

_____

Signature _____ **Printed Name** _____ **Date** _____