



# Fall Report

*Detailed documentation following a client fall*

## Fall Details

<b>Client Name</b>	<b>Date</b>	<b>Time</b>
<b>Location of Fall</b>	<b>Witnessed? (Y/N)</b>	<b>Witness Name</b>

## Circumstances

**Activity at time of fall:**  Walking  Transferring  Toileting  Reaching  Other

**Contributing factors:**  Footwear  Lighting  Flooring  Mobility aid  Medication  Medical event

**Describe how the fall occurred**

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## Injury Assessment

**Injuries observed, location, severity**

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**Medical attention:**  None  First aid  Family physician  911 / ER

## Vitals after Fall

BP	Pulse	Resp	O <sub>2</sub> Sat	Pain (0–10)

## Notifications

Person Notified	Relationship	Time



## Prevention Plan

Update care plan or fall-risk assessment as needed

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**Signature**

**Printed Name**

**Date**

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