

SCREENING FOR FUTURE FALL RISK

Patient Name : _____

Date: _____

Mark the box that is applicable.

Yes No I am 65 or older.
[For administrative purposes]

Yes No I have had 2 falls in the past year.
[If 'yes' on either or both then code 1100F]

Yes No I have had an injury due to a fall in the past year.
[If 'yes' on either or both then code 1101F]

Patient Signature

For Clinical Staff

** A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an other object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force (Tinetti).

Not performed for the following reason. (Ex. Non-ambulatory) If not performed Code 3288F-1P

 Non-Documented reason for not screening. Code 3288F-8P

Not Tested - Patient is receiving Hospice. Code G9718

Therapist Signature