

## ACCIDENT RISK ASSESSMENT

**Patient Name:**

**Clinician:**

Parameter	Patient Condition
<b>Level of Consciousness/ Mental Status</b>	Alert & oriented x 3 or comatose
	Disoriented x 3 at all times
	Intermittent Confusion
<b>History Of Falls (Past three months)</b>	No falls in past 3 months
	1 – 2 falls in past 3 months
	3 or more falls in past three months
<b>Ambulatory/Elimination Status</b>	Ambulatory & Incontinent
	Chair bound, may require assistance