**Org跌倒危险因素评估**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 个案姓名 | Name | 收案编号 | ResidengNo | 居住区域 | Area | 居住寝室 | BedNo | 年龄 | Age |
| 评估日期 | CDTW | 下次日期 | NDTW | 评估人员 | EvaluateBy |  |  |  |  |
| 年龄 | Value106 | | | | | | | | |
| 跌倒史 | Value107 | | | | | | | | |
| 特殊性格 | Value108 | | | | | | | | |
| 意识改变 | Value109 | | | | | | | | |
| 头昏晕眩 | Value110 | | | | | | | | |
| 视听觉障碍 | Value111 | | | | | | | | |
| 活动能力 | Value112 | | | | | | | | |
| 排泄 | Value113 | | | | | | | | |
| 睡眠形态 | Value114 | | | | | | | | |
| 照顾者 | Value115 | | | | | | | | |
| 药物 | Value116 | | | | | | | | |
| 分数小计 | Score | | | | | | | | |
| 评估结果 | Result | | | | | | | | |