**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 |  |  |  |  |
| 病人曾跌倒(三个月内)或视觉障碍 | | | | Value110 | | | | | |
| 超过一个医学诊断 | | | | Value111 | | | | | |
| 使用助行器具 | | | | Value112 | | | | | |
| 静脉输液/置管/使用药物治疗 | | | | Value113 | | | | | |
| 步态 | | | | Value114 | | | | | |
| 精神状态 | | | | Value115 | | | | | |
| 分数小计 | | | | Score | | | | | |
| 评估结果 | | | | Result | | | | | |

本案评估次数：OneEvaluateTotal

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所有个案之评估总次数：EvaluateTotal