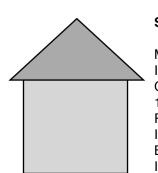


FALLS PATHWAY			Address			
			Postco Date o	code		
Date of first fall:			Palpitations □			
Circumstances of fall				Syncope ☐ Without warning ☐		
Indoor/Outdoors			Chest pains □			
				Postural s	symptoms □	
				Periphera	I neuropathy □	
			Cognitive impairment □			
Frequency of falls How many falls in last 12/12				Previous	fracture details	
				Bruises/Soft tissue injury □		
				Required A&E attendance □		
Past medical history Past medical history			Vertigo □ □ Associated nausea □ Previous head injury? □ Prolonged episode? □ Tinnitus/hearing loss □ Aggravating factors (specify) □ Visual vertigo Duration of symptoms:			
Medications (Independent risk factors Previous fall Lower limb weakness Age Female Cognitive impairment Balance problems Psychotropic medications Arthritis History of stroke Orthostatic hypotension Dizziness Anaemia		ss nt cations	AMTS: (42 west street) Age D.O.B Place Year Time QE2 WWII 20-1 Object Recall		



Social history

Mobility: I □ S □ ZF/RF □ Carers (daily): 1 🗆 2 🗆 3 🗆 4 🗆 R/H □ N/H □ Incontinent: Urine 🗖 Bowels Independent with ADL's □

Bone health:

- ☐ Loss height
- ☐ Previous #
- ☐ Parent hip #
- ☐ Current smoker
- ☐ Steroids
- □ RA
- □ Secondary Osteoporosis
- ☐ Alcohol > 3 units/day

Has patient had previous DEXA? □ When Result

Lying / Standing BP

Lying

Unit number Surname First Name

Standing at 30 seconds

Standing at 2 minutes

(significant drop = 20mmHg systolic or 10mmHg diastolic)

Think <u>fracture</u> - visit www.shef.ac.uk/FRAX and treat appropriately.