



## **MAHC 10 - Fall Risk Assessment Tool**

Consumer: \_\_\_\_\_ SAMS: \_\_\_\_\_

### **MAHC 10-Fall Risk Assessment Tool**

- ☐ Age 65+
- ☐ Diagnosis (3 or more co-existing) Includes only documented medical diagnosis.
- ☐ Prior history of falls within 3 months. An unintentional change in position resulting in coming to rest on the ground or at a lower level.
- ☐ Incontinence - Inability to make it to the bathroom or commode in timely manner. Includes frequency, urgency and/or nocturia.
- ☐ Visual Impairment - Includes but not limited to, macular degeneration, diabetic retinopathies, visual field loss, age related changes, decline in visual acuity, accommodation, glare tolerance, depth perception, and night vision or not wearing prescribed glasses or having the correct prescription.
- ☐ Impaired functional mobility -May include patients who need help with IADL's or ADL's. or have gait or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination or improper use of assistive devices.
- ☐ Environmental hazards - May include but not limited to, poor illumination, equipment tubing, inappropriate footwear, pets, hard to reach items, floor surfaces that are uneven or cluttered, or outdoor entry and exits.
- ☐ Poly Pharmacy (4 or more prescriptions - any type) - All PRESCRIPTIONS including prescriptions for OTC meds. Drugs highly associated with fall risk include but are not limited to, sedatives, anti-depressants, tranquilizers, narcotics, antihypertensives, cardiac meds, corticosteroids, anti-anxiety drugs, anticholinergic drugs, and hypoglycemic drugs.



- ☐ Pain affecting level of function - Pain often affects an individual's desire or ability to move or pain can be a factor in depression or compliance with safety recommendations.
- ☐ Cognitive impairment - Could include patients with dementia, Alzheimer's or stroke patients or patients who are confused, use poor judgment, have decreased comprehension, impulsivity, memory deficits. Consider patient's ability to adhere to the plan of care.

**\*\*A score of 4 or more is considered at risk for falling\*\***

**Please complete the multifactorial fall risk assessments for patients at risk for falls**

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Assessors print name:

\_\_\_\_\_  
Assessor signature:

\_\_\_\_\_  
Date: