

Patient Name: _____	Patient Chart# or ID# _____
Date of fall: _____	

**Definition of a fall: An unintentional change in position resulting in coming to rest on the ground or at a lower level**

Circle or enter the appropriate response		
1. Did the fall occur during the first 30 days of care?	YES	NO
2. Was fall was witnessed by a home care worker?	YES	NO
3. Was the patient identified at-risk at start of care on the MAHC risk assessment form? (having scored 4 or more)	YES	NO
a.) Was cognitive impairment one of the risk factors cited?	YES	NO
4. Medications		
a.) Were there any medication changes within two weeks of the fall?	YES	NO
b.) Number of prescription medications the patient is taking	YES	NO
c.) The number of prescription pain medications the patient is taking	YES	NO
5. Was physical therapy ordered and had it begun at the time of the fall?	YES	NO
6. Was nursing care ordered at the time of the fall?	YES	NO
7. Was there an injury requiring emergent care?	YES	NO
a.) If yes, was the injury a hip fracture?	YES	NO
<i>Definition of emergent care:</i> <ul style="list-style-type: none"> <li>▪ Hospital emergency room (includes 23-hour holding);</li> <li>▪ Doctor's office emergency visit/house call;</li> <li>▪ Outpatient department/clinic emergency (includes urgent center sites).</li> </ul>	YES	NO