



Fall Risk Assessment

Identify risk factors and plan preventive interventions

Client

Client Name

Assessor

Date

Risk Factors

Risk Factor	Pts	Present	Notes
History of falls in the past 6 months	25	☐ Yes ☐ No	
Uses mobility aid (cane, walker, wheelchair)	15	☐ Yes ☐ No	
Unsteady gait or balance issues	20	☐ Yes ☐ No	
Takes 4+ medications or sedatives	10	☐ Yes ☐ No	
Vision or hearing impairment	10	☐ Yes ☐ No	
Cognitive impairment / confusion	15	☐ Yes ☐ No	
Incontinence or urgency	10	☐ Yes ☐ No	
Lives alone or unattended periods	10	☐ Yes ☐ No	

Scoring

0–20 Low risk • 21–45 Moderate risk • 46+ High risk

Total Score

Risk Level

Reassessment Date

Intervention Plan

Recommended interventions

Signature

Printed Name

Date