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Comox Valley & Campbell River, BC

Fall Report

Detailed documentation following a client fall

Fall Details

Client Name | **Date** | **Time**

Location of Fall | **Witnessed? (Y/N)** | **Witness Name**

Circumstances

Activity at time of fall: [ ] Walking [ ] Transferring [ ] Toileting [ ] Reaching [ ] Other

Contributing factors: [ ] Footwear [ ] Lighting [ ] Flooring [ ] Mobility aid [ ] Medication [ ] Medical event

Describe how the fall occurred

Injury Assessment

Injuries observed, location, severity

Medical attention: [ ] None [ ] First aid [ ] Family physician [ ] 911 / ER

Vitals after Fall

BP	Pulse	Resp	O■ Sat	Pain (0–10)

Notifications

Person Notified	Relationship	Time

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Prevention Plan

Update care plan or fall-risk assessment as needed

Signature	Printed Name	Date