## Falls Evaluation: Initial Visit

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
</tr>
</thead>
</table>

### Story of the Falls

| Home Safety Ques. | 
|-------------------|---|
| (0=rare, no problem | 3=Frequent/serious) |
| Trips | ___ |
| Handholds | ___ |
| Light | ___ |
| Footwear | ___ |
| Toilet | ___ |
| Bath | ___ |
| Stairs | ___ |
| Reach | ___ |
| Outside | ___ |
| Help | ___ |

### Current Medical History/Treatments

### Medical and Psychiatric History

### Medications

<see list>

### Positives (FHx, occup., habits, function)

### Health Habits:

- **Tobacco**
  - _____ /pkg-yrs.
- **Alcohol**
  - _____ /day
- Lives Alone  Y  N

### Drugs Causing Falls

- Psychotropic medications
- Diuretics
- Antiarrhythmics
- Hypoglycemics
- Anthypertensives
<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>BP sit</th>
<th>BP standing</th>
<th>P__</th>
<th>T__</th>
<th>Wt.__lb</th>
<th>Ht.__in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eyes</strong></td>
<td>□ nl conjunctiva &amp; lids</td>
<td></td>
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<tr>
<td><strong>Pupils</strong></td>
<td>□ pupils symmetrical, reactive</td>
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<tr>
<td><strong>Fundus</strong></td>
<td>□ nl discs &amp; pos elements</td>
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<tr>
<td><strong>Vision</strong></td>
<td>□ acuity and gross fields intact</td>
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<tr>
<td><strong>Feet</strong></td>
<td>□ no deformity, lesions, tenderness</td>
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<tr>
<td><strong>Nails</strong></td>
<td>□ no clubbing, cyanosis</td>
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<tr>
<td><strong>Footwear</strong></td>
<td>□ supportive, safe, well-fitting</td>
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<tr>
<td><strong>ENT-External</strong></td>
<td>□ no scars, lesions, masses</td>
<td></td>
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<tr>
<td><strong>Otoscopic</strong></td>
<td>□ nl canals &amp; tympanic membranes</td>
<td></td>
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<tr>
<td><strong>Hearing</strong></td>
<td>□ nl to ____________</td>
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<tr>
<td><strong>Intransal</strong></td>
<td>□ nl mucosa, septum, turbinate</td>
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<tr>
<td><strong>Ant. Oral</strong></td>
<td>□ nl lips, teeth, gums</td>
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<tr>
<td><strong>Oropharynx</strong></td>
<td>□ nl tongue, palate, pharynx</td>
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<tr>
<td><strong>Neck palp.</strong></td>
<td>□ symmetrical without masses</td>
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<tr>
<td><strong>Thyroid</strong></td>
<td>□ no enlargement or tenderness</td>
<td></td>
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<td><strong>Resp. effort</strong></td>
<td>□ nl without retractions</td>
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<tr>
<td><strong>Chest percuss.</strong></td>
<td>□ no dullness or hyperresonance</td>
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<tr>
<td><strong>Chest palp.</strong></td>
<td>□ no fremitus</td>
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<tr>
<td><strong>Auscultation</strong></td>
<td>□ nl bilateral breath sounds w/o rales</td>
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<tr>
<td><strong>Neurologic</strong></td>
<td>□ nl alertness, attentive</td>
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<tr>
<td><strong>Check nl, circ abn</strong></td>
<td>□ w/o gross deficit</td>
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<tr>
<td><strong>ROM</strong></td>
<td>□ nl rapid alternating movement</td>
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<tr>
<td><strong>Strength</strong></td>
<td>□ symmetrical, ___ (scale: 0-4+)</td>
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<tr>
<td><strong>Tones</strong></td>
<td>□ nl touch, proprioception</td>
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<tr>
<td><strong>Coordination</strong></td>
<td>□ nl to m/d/day/yr, time</td>
<td></td>
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<tr>
<td><strong>Tandem walk</strong></td>
<td>□ able, steady</td>
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<tr>
<td><strong>One leg balance</strong></td>
<td>□ 30 sec eyes open</td>
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<tr>
<td><strong>Psychiatric</strong></td>
<td>□ nl good eye contact, appropriate</td>
<td></td>
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<tr>
<td><strong>Mood</strong></td>
<td>□ nl short term and long term memory</td>
<td></td>
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<tr>
<td><strong>Memory</strong></td>
<td>□ nl no delusions, phobias, hallucinations</td>
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<tr>
<td><strong>Thought process</strong></td>
<td>□ nl no delusions, phobias, hallucinations</td>
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<tr>
<td><strong>Heart palp.</strong></td>
<td>□ nl location, size</td>
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<tr>
<td><strong>Cardiac ausc.</strong></td>
<td>□ no murmur, gallop, or rub</td>
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<tr>
<td><strong>Carotids</strong></td>
<td>□ nl intensity w/o bruit</td>
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<tr>
<td><strong>Pedal pulses</strong></td>
<td>□ nl posterior tibial &amp; dorsalis pedis</td>
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<tr>
<td><strong>Abdomen</strong></td>
<td>□ no masses or tenderness</td>
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<tr>
<td><strong>L/S</strong></td>
<td>□ no liver/spleen</td>
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<tr>
<td><strong>Hernia</strong></td>
<td>□ no hernia identified</td>
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<tr>
<td><strong>Anus/rectal</strong></td>
<td>□ no abnormality or masses</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Breasts</strong></td>
<td>□ nl inspection &amp; palpation</td>
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</tr>
<tr>
<td><strong>Comments:</strong></td>
<td>□ no deformity, lesions, tenderness</td>
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<tr>
<td><strong>Cartoid sinus stimulation (if indicated)</strong></td>
<td>□ no clubbing, cyanosis</td>
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<tr>
<td><strong>Get up and Go Test</strong></td>
<td>(circle abnormal, check normal)</td>
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<tr>
<td><strong>Sitting balance</strong></td>
<td>□ steady, safe when upright</td>
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<tr>
<td><strong>Arise w/arms folded</strong></td>
<td>□ able</td>
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<tr>
<td><strong>Standing balance</strong></td>
<td>□ steady in narrow stance</td>
<td></td>
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<tr>
<td><strong>Eyes closed</strong></td>
<td>□ remains steady</td>
<td></td>
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<tr>
<td><strong>Nudge</strong></td>
<td>□ recovers w/o difficulty</td>
<td></td>
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<tr>
<td><strong>Gait initiation</strong></td>
<td>□ no hesitancy</td>
<td></td>
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<tr>
<td><strong>Step length/ht</strong></td>
<td>□ each foot passes stance, clears floor well</td>
<td></td>
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<tr>
<td><strong>Step symmetry</strong></td>
<td>□ step lengths equal, regular</td>
<td></td>
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<tr>
<td><strong>Pattern</strong></td>
<td>□ continuous, regular steps</td>
<td></td>
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<tr>
<td><strong>Path</strong></td>
<td>□ straight w/o walking aide</td>
<td></td>
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<tr>
<td><strong>Stance</strong></td>
<td>□ steps with heels together</td>
<td></td>
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<tr>
<td><strong>Sitting</strong></td>
<td>□ safe, smooth, judges distance correctly</td>
<td></td>
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<tr>
<td><strong>Speed</strong></td>
<td>□ 10 feet in less than 10 seconds</td>
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</tbody>
</table>

**Cartoid sinus stimulation (if indicated)**

Recumbent PreBP____P____PostBP____P____
Assessment

Recommendations

Environmental changes:

<table>
<thead>
<tr>
<th>Assistive device</th>
<th>Exercise program</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Straight cane</td>
<td>☐ Physical therapist</td>
<td></td>
</tr>
<tr>
<td>☐ Quad cane</td>
<td>☐ Podiatry</td>
<td></td>
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<tr>
<td>☐ Hemi-walker</td>
<td>☐ Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>☐ Standard Walker</td>
<td>☐ Bone density</td>
<td></td>
</tr>
<tr>
<td>☐ Rolling walker</td>
<td>☐ Emergency response</td>
<td></td>
</tr>
<tr>
<td>☐ Three-wheel walker</td>
<td>☐ VNA home safety evaluation</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
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</tbody>
</table>

Educational Materials

| Falls: General Information |
| Medical Evaluation of Falls |
| Choosing and Using a Cane |
| Choosing and Using a Walker |
| What Is a Physical Therapist? |
| Improve Your Balance in 10 Minutes a Day |
| What is an Occupational Therapist? |
| Choosing and Starting an Exercise Program |
| Tai Chi |
| Can You Get Help? |
| After the Fall: A Guide for Patients and Families |
| Steady As You Go: Low Blood Pressure |
| Decrease Your Risk of Falling |
| Avoiding Falls: Tips for Patients with Low Vision |
| Put Your Best Foot Forward: Shoes and Falling |
| Osteoporosis: The Brittle Truth |
| Canes and Walkers |