# Department of Developmental Services

## FALL RISK SCREENING FORM

This screening tool is to be used for individuals receiving day program services or individualized home supports.

Individual: _____

Date: __/__/____

Screened by: _____

Agency: _____

Source of information: _____

Persons receiving day program services or individualized home supports require a screening by a staff person to determine if they meet the criteria for a fall risk assessment by a Registered Nurse. Identification of one or more of the following potential 4 risk factors requires a fall risk assessment and prevention plan be completed by the Registered Nurse as outlined in DDS Nursing Protocol: Falls # NP 11-1.

- 50 years of age or older and ambulatory ☐ YES ☐ NO
- Fall in past 3 months ☐ YES ☐ NO
- Seizure disorder ☐ YES ☐ NO
- Diagnosed dementia ☐ YES ☐ NO