



Falls Risk Assessment Tool in Somerset

Personal Details			
Today's date:			
Last name:		First name:	Male/female
Address:		Postcode:	Phone number:
Date of birth:	Age:	Religion:	
Approx. height:	Approx. weight:	NHS number:	
Are you registered disabled?:		Any dependants (person or animal)	
Doctor details			
Name of GP:			
Phone:			
Practice address:			
Next of kin / Person to contact for care information			
Name:		Relationship:	
Address:			
Phone number:		Consent obtained to share information?	Yes / No
Person completing form			
Name		Contact details	
Health - Questions 1 to 5 in bold are part of a Falls Risk Assessment Tool (FRAT). Highlight answer as appropriate.			
1	Have you had any falls in the last 12 months? How many?		Yes / No
a	If fallen, how many times?		
b	Where/ when (day or night) was the falls?		
c	What happened? Did you collapse? Did you 'just go'?		
d	Did you suffer any injuries as a result of the fall?		Yes / No
e	Did you seek medical advice?		Yes / No
f	Which service was used?	Ambulance/ Doctor / A&E Dept/Other	
2	Do you have any problems with your balance?		Yes / No
3	Are you unable to stand up from a chair of knee height without using your arms?		Yes / No
4	Do you suffer with any of the following?	Parkinson's / stroke / poor balance / poor sight / poor hearing / dizziness / asthma / diabetes/ confusion/ memory problems/ fits / faints / blackouts / incontinence problems/ trouble getting out of bed	
5	Do you currently take four or more medicines?		Yes / No
a	Do you take any of the following medicines? (Please provide details such as the name and quantity)	Heart / blood pressure tablets: Sleeping tablets: Anxiety tablets: Anti-coagulant: Water tablets: Other:	
6	Have you had an eye test over 12 months ago?		Yes/ No



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Mobility		
7	Which best describes the way you walk?	Steady and confident / hesitant / unsteady / none of these
8	Which applies to how you walk?	Without a walking aid / with a walking aid / with difficulty / none of these
9	Are you unsteady and unsafe when using the bath, shower and/or toilet?	Yes / No
10	Are you unsteady and unsafe when reaching items in the kitchen that are used regularly?	Yes / No
11	Are you unsteady and unsafe when carrying meals from the kitchen to the dining area?	Yes / No
12	Are you unsteady and unsafe when going up and down steps/stairs inside or outside the house?	Yes / No
Safe at Home- Hazard assessment		
13	Do floor surfaces have trip hazards – might include clutter, trailing cables, loose rugs? Is furniture arranged so that there is plenty of room to walk around it? Are floor surfaces slippery, insecurely fixed and in poor repair?	Yes/ No
14	Are all the lights poor, making it difficult to see clearly – particularly stair lights, outside paths, steps and entrances? Are lights positioned poorly and do you have difficulty safely changing bulbs?	Yes/ No
15	Are the edges of the steps/stairs (both inside and outside the house) difficult to see?	Yes/ No
16	Do you have difficulty using the entrance door/s safely?	Yes/ No
17	Do you currently wear ill-fitting slippers or shoes?	Yes/ No
18	If there are pets – do you have difficulty caring for them and need to bend over and at risk of falling over?	Yes/ No
19	Do you need a smoke detector fitted that you can hear and test regularly?	Yes/ No
20	Do you have inadequate heating and are unable to cope with the risk of cold weather?	Yes/ No
Other comments:		
What to do next:		
For further information and advice visit Somerset Choices http://www.somersetchoices.org.uk and search 'falls' and/or 'mobility'		Referred Y/N?
• For Question 1C - collapses, often described as 'just went' requires medical attention before referral to IRTs. Discuss with GP		
• For Questions 1 to 5 , if answered yes to three or more questions refer to Integrated Rehabilitation Teams (IRT): <ul style="list-style-type: none"> ○ West: email westirthumb@sompar.nhs.uk or phone 0300 323 0029 (Taunton, Bridgwater, North Sedgemoor including Cheddar and West Somerset) ○ East: email eastirthumb@sompar.nhs.uk or phone 0300 323 0028 (Yeovil, South Petherton, Langport, Chard, Crewkerne, Ilminster, Wincanton, Frome, Shepton Mallet, Wells and Glastonbury) 		
• If answering yes to Question 5 and it is thought a falls risk is directly linked to medicines, discuss with pharmacist and/or see GP		
• For Questions 13 to 20 if hazards have been identified that can't be dealt with directly, visit Somerset Choices http://www.somersetchoices.org.uk or if a social care need is identified contact Somerset Direct on 0300 123 2224		
• Please note: Somerset Direct and IRT will signpost on if necessary		