



Falls Risk Assessment: Outpatient Trigger Questions

PATIENT LABEL

To be utilized in Outpatient Areas: Ambulatory Care, Diagnostic Imaging, Treatment/Procedure Areas and Patients located in the Emergency Department 3 Trigger questions.

- 1. Have you fallen in the last year? Yes No
- 2. Do you use a cane, walker, wheelchair or crutch? Yes No
- 3. Do you lose your balance, feel confused or dizzy? Yes No

Automatic High Risk: If any 1 question is answered "yes", patient is categorized as high risk for falls. Patient will remain at high risk for the duration of their visit as an outpatient.

Result: Universal Falls Prevention High Risk for Falls

Date (DD/MM/YYYY)	Name (Print)	Signature	Designation

FORM BARCODE