Royal Berkshire NHS
NHS Foundation Trust

PHYSIOTHERAPY

Physiotherapy Falls Risk Assessment

Checklist

Patient Details

Name		Tel No.		Consultant	
Address		DOB		Ward	
		Hospital No.			
		Ethnicity			

Date & Signature	Checklist	Yes	No	Details
	Previously mobility known	Y	N	
	Gait assessment completed	Y	N	
	Upper limb strength assessed	Y	N	
	Lower limb strength assessed	Y	N	
	Upper limb range of movement assessed	Y	N	
	Lower limb range of movement assessed	Y	N	
	Neurological assessment needed	Y	N	
	Completed	Y	N	
	EMS completed / Berg	Y	N	
	Home exercises taught	Y	N	Date commenced
	Written exercise sheet given	Y	N	
	Rise from floor	Y	Declined	
	Suitable for further exercise programme	Y	N	Referral made

Signed:……

Designation:……

Date:……