

Falls Risk Identifier Form

The following is a simple tool to assess the falls risk of your patient.

Patient Details (attach sticker):

Date Completed:

Instruction: Score 1 for each question answered as “Yes” and record total.

		Yes	No
1	Is there a history of any fall in the previous year? How assessed? Ask question.		
2	Is the patient on four or more medications per day? How assessed? Number of prescribed medications.		
3	Does the patient have a diagnosis of stroke or Parkinson’s? How assessed? Ask question/check medical notes.		
4	Does the patient report any problems with their balance? How assessed? Ask question.		
5	Is the patient unable to rise from a chair of knee height without using their arms? How assessed? Ask patient/assess ability.		
Total:			
Level of Risk:			

Adapted from Nandy S et al (2004). Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care. Journal of Public Health; 26(2); 138-143

Level of Predicted Risk

No. of “Yes” Answers	Falls Risk	Action
< 3	Lower falls risk	Prescribe exercise
3-5	Higher falls risk	Refer to falls prevention services, prescribe seated exercise