

SHIFT - Falls / Fractures - Assessment

If patient fell:

Date of last fall (mm/dd/yy):

Circumstances of fall (check all that apply):

- Loss of consciousness
- Tripped/stumbled over something
- Lightheadedness/palpitations
- Unable to get up within 5 minutes
- Needed assistance to get up

Cognition: Ask patient to repeat 3 unrelated words (e.g., ball, pencil, cat)
Inform patient that you will ask them to repeat these words in a few minutes

Orthostatics: (measure after 1 - 2 minutes in specified position)

Lying: BP: Pulse:

Standing: BP: Pulse:

Cognition: Ask patient to repeat the previous 3 words (from above)

3-item recall: pass fail

Vision

- Noticed recent vision changes
- Eye exam in past year

If NO eye exam in the past year,

Visual Acuity today: pass fail

Psychotropic medications (specify):

- Neuroleptics:
- Benzodiazepines:
- Antidepressants:

Two or more drinks of alcohol each day Yes No

Other conditions (e.g., Parkinson's, CVA, cardiac, severe OA) Yes No

Specify: