

Falls Clinic

Day Hospital, Department of Health Care of the Elderly

Name:
D.O.B.:

Hosp No:
GP:

Referred from:
Clinic Dr:

Date referred:
Date of clinic:

Fall History

First fall: Y / N

No of falls in previous year:

Location of fall: Outdoors /Stairs / Kitchen / Bathroom / Living Room / Bedroom / Other

Was fall witnessed: Y / N

Definite slip/trip: Y / N

Associated dizziness: Y / N

LOC: Y / N

Palpitations: Y / N

Able to get self off floor: Y / N

Time on floor (mins):

Injuries sustained from fall _____

Medical History

Full Drug History

Heart disease

Stroke

COPD/Asthma

Hypertension

Diabetes

Degenerative joint disease

Cognitive impairment

Visual impairment

Syncope

Epilepsy

Incontinence

Other - (please state)

Alcohol: _____ units/week

Smoking: _____ cigarettes/day

Social Circumstances

Lives in: Flat / House / Bungalow / WCF / Residential Home / Nursing Home

Lives alone: Y / N

Stairs: Yes / No

Lambeth / Southwark / Other

Usually able to go out: Yes / No

**Mobility: Independent
Stick
Frame
Wheelchair**

**Services: MOW
HH
Personal Care
District Nurse
Day Centre
Day Hospital**

**Carer: None
Spouse
Other family
Friend/neighbour**

Examination

AMT

Age

Time (to nearest hour)

Address for recall

Year

Location

Recognition of two persons

Date of Birth

WW2

Present monarch

Count backwards 20 – 1

Weight: _____ kg

Height: _____ m

Pulse: _____ bpm

regular / irregular

BP sitting:

BP standing:

Visual acuity

R Eye

L Eye

Score: _____ /10 (If <8 do MMSE)

CVS:

Carotid bruits: Yes / No

Valvular defect: Yes / No

LVF: Yes / No

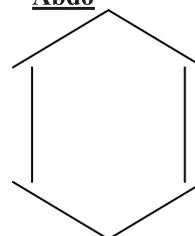
RHF: Yes / No

CCF: Yes / No

RS



Abdo



Cranial Nerve Deficit:

Visual Fields: L Eye R Eye



Cataract Formation: Yes / No

Hearing: Normal / Shout / Hearing Aid

PNS:

Tone

R Arm	L Arm
R Leg	L Leg

Reflexes

	R	L
Biceps		
Triceps		
Supinator		
Knee		
Ankle		
Plantars		

Power

Arms

- Shoulder abduction
- Shoulder adduction
- Elbow flexion
- Elbow extension
- Wrist flexion
- Wrist extension
- Finger abduction
- Finger adduction
- Opposition

	R	L

Legs

- Hip flexors
- Hip extensors
- Knee flexion
- Knee extension
- Ankle dorsiflexion
- Ankle plantiflexion

	R	L

Lower limb

- Sensation intact: Yes / No
- Proprioception intact: Yes / No
- Vibration intact: Yes / No

Joint deformities

- Hands
- Elbows
- Shoulders
- Spine
- Hips Knees
- Ankles

- Good foot care: Yes / No
- Sensible footwear: Yes / No

Timed Up and Go: _____secs

MMSE (if indicated) _____/30

GDS – 15 Question Form _____/15

