**Preadmission falls questionnaire**

Individual’s name: 

Date of birth:  Care Home/Unit: 

This form is for a potential new person living in the care home and their family or next of kin to complete with the support of a member of care home staff.

This information will contribute to your care plan and ensure that it is suited to your needs when it comes to falls.

Evidence shows that falls can be reduced when a person’s risk of falls is assessed, and actions are taken to reduce risk.

1. Have you had any falls in the past 12 months and if so, how many? 
2. If yes, where were you and what were you doing when you fell? Can you think of anything that has contributed to any falls you have had?

 

1. Were you injured and did you need to go to hospital or see a health professional?

 

Individual’s name:  Date of birth: 

1. Do you use any of the following aids? Please tick and add details below:

 Walking aid [ ]

Raised toilet seat [ ]

 Bed rails [ ]

 Sensors/Digital [ ]

Moving and handling equipment [ ]

Hospital bed [ ]

Wheelchair [ ]

Other [ ]



1. a. How long have you had any of these aids? 

b. How did you get them? 

c. Do you feel they help you? 

1. Have you had any previous recommendations to reduce your risk of falls? Do they help?

 

1. Are you worried about falling? Are there any things that you realistically think might reduce the risk?



Individual or carer signature: 

Staff signature:  Date: 

Care home staff member: **Information from this form should be added to both the care plan and the multi-factorial falls risk and action tool**