OUTREACH SERVICES OF INDIANA
FALL ASSESSMENT — FRONT PAGE
TO BE COMPLETED AT TIME OF FALL

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DOB:</th>
<th>AGE:</th>
<th>DATE:</th>
<th>ADDRESS:</th>
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PLACE OF FALL:  Time of Fall: AM PM

ACTIVITY IMMEDIATELY BEFORE FALL:

ACTIVITY AT TIME OF FALL:

BODY POSITION AT TIME OF FALL

- SITTING
- STANDING
- WALKING

WHERE: Chair Wheelchair Toilet Other?

How long?

Steady Unsteady

IF WALKING, PLEASE ANSWER THE NEXT BLOCK OF QUESTIONS, IF NOT SKIP TO FOOTWEAR SECTION.

TYPE OF ASSISTANCE

- Without assistance
- With Assistance
  - Human
  - Walker
  - Handrail
  - Gait belt
  - Leg brace

WALKING SURFACE

- Flat
- Incline
- Wet
- Dry
- Stairs
- Uneven

DESTINATION

- Bathroom
- Dining Room
- Living Room
- Shopping
- Work/Day Program
- Other/specify

POINT OF PROGRESS

- Beginning of walk
- Middle of walk
- End of walk

IF PERSON TRIPPED, WHAT DID THEY TRIP ON?

FOOTWEAR

- None
- Slippers
- Socks
- Shoes
- Adaptive shoes
- Sneakers
- Other

BEHAVIOR

- Happy
- Excited
- Neutral
- Agitated
- Angry
- Upset
- Other (Specify):

WHO WAS PRESENT AT TIME OF FALL:

NOISE LEVEL

- Quiet
- Some conversation, background noise
- Chaotic, much activity and loud noise/music
- Other (specify)

Furniture Arrangement

- Path free from obstructions
- Furniture/objects obstruct path
- Recent room reorganization (when/what?)

Lighting

- Poorly lit, hard to see
- Well lit, easy to see

Known Health Problems/Changes:

What immediate care did person who fell require?

HOW COULD THIS BE PREVENTED IN THE FUTURE?

NAME TITLE OF PERSON COMPLETING ASSESSMENT:
**OUTREACH SERVICES OF INDIANA**  
**FALL ASSESSMENT FORM – BACK PAGE**  
**TO BE COMPLETED AT TIME OF IDT REVIEW OF FALL**

<table>
<thead>
<tr>
<th>IDT MEMBERS PRESENT AND DATE OF REVIEW: ____</th>
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<tbody>
<tr>
<td>Change to intervention plan including, if appropriate, schedule, assistance level or environment: ____</td>
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<tr>
<td>Who is responsible for implementing and training for identified changes? ____</td>
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<tr>
<td>Target date for completion of plan changes and training: ____</td>
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<tr>
<td><strong>IS FURTHER ASSESSMENT NEEDED BASED ON IDT REVIEW?</strong>  YES ☐ NO ☐</td>
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<tr>
<td><strong>If “YES” WHAT TYPE OF EVALUATION DOES TEAM RECOMMEND AND WHAT QUESTIONS NEED TO BE ANSWERED (LIST SPECIFIC QUESTIONS)?</strong> ____</td>
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<tr>
<td><strong>WHAT FOLLOW UP IS NEEDED AFTER EVALUATION RESULTS ARE OBTAINED?</strong> ____</td>
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<tr>
<td><strong>WHO NEEDS TO BE INVOLVED IN THE FOLLOW-UP MEETING?</strong> ____</td>
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<tr>
<td><strong>WHO IS RESPONSIBLE FOR NOTIFYING NEEDED FOLLOW-UP MEETING PARTICIPANTS?</strong> ____</td>
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<td><strong>ANY OTHER INFORMATION FROM IDT NOT INCLUDED ELSEWHERE IN THE REVIEW?</strong> ____</td>
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