

# Pre-admission to Residential Care FALL CHECKLIST

If you or your loved one are waiting to move to a Residential Care Facility, please complete the following and **give this to the admitting nurse.**

- Have you had a fall in the past 6 months? If yes, how many: \_\_\_\_\_
- Have you ever had a fall that resulted in a broken bone?
- Are you afraid that you might fall again?
- Do you have a problem with your balance?
- Do you have a problem with your vision?
- Do you get dizzy when you stand up quickly?
- Do you have a problem with your memory?

Completed by person entering care, OR

Completed by family/ caregiver.

Date: \_\_\_\_\_ (dd/mm/yy)



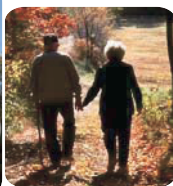
CENTRE OF EXCELLENCE  
on Mobility, Fall Prevention  
and Injury in Aging

CENTRE  
for **HI** Health  
and *Mobility*



## Reduce Your Risk of Falling or Being Injured from a Fall

- 1 Be physically active for at least 30 minutes each day.
- 2 If you have balance problems, use a mobility aid.
- 3 Have your vision checked each year.
- 4 Try to drink at least 8 glasses of non-caffeinated beverage each day.
- 5 Eat a balanced diet that includes 1200 milligrams of calcium and 800 to 2000 IU of vitamin D daily from food sources and/or supplements.
- 6 Wear non-slip footwear with good support.
- 7 Have your doctor or pharmacist review your medications and supplements to reduce your fall risk.
- 8 Ensure that your home has good lighting, handrails on stairs, grab bars in the bathroom and is free of trip hazards.
- 9 Wear hip protectors to reduce the risk of a hip fracture if you fall.
- 10 Limit alcohol intake as this impairs your balance and judgment.



FOR MORE INFORMATION

[www.hiphealth.ca/CEMFA](http://www.hiphealth.ca/CEMFA)