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)
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
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