

Fall Prevention: Mobility Guide

Patient's name: _____ Date: _____

PT's name: _____ Pager #: _____

Is the patient able to transfer or walk independently?

- Yes** — Transfer to: wheelchair bed toilet shower Walk: on unit within facility
 No — Review detailed information below

Is the family/caregiver able to transfer or walk the patient?

- Yes** — Who? _____
Transfer patient to: wheelchair bed toilet shower Walk: on unit within facility
 No — Call for assistance

Fall risk factors and safety

Can patient be left unsupervised while sitting?

- In wheelchair: yes no
At sink: yes no
In recliner: yes no
On edge of bed: yes no
On toilet: yes no
In shower: yes no



Chair alarm*

*If circled, should be used for both wheelchair and recliner as appropriate



Gaitbelt



Bed alarm



Date of last fall: _____

Transfer technique

- Walking
 Stand pivot
 Modified stand pivot
 Slide board
 Lift equipment
 Ceiling lift
 Stand assist
 Steady

Level of assistance

- Independent
 Set up only
 Supervision
 Contact guard/minimal assist
 Moderate assist
 Maximum assist
 Total assist/2-person assist

Number of helpers: _____

Need for device: Yes No If yes, what device? _____

Direction of transfer: Right side Left side

Remove arm rest: Yes No

Weight bearing status/precautions: _____

Other: _____

