Please answer the following questions:

Yes  No
☐  ☐ Do you feel unsteady when you walk?
☐  ☐ Do you use anything to help you walk?
☐  ☐ Have you had any recent falls or near falls?

______________________________________________________________
Patient Signature  Date

______________________________________________________________
Authorized Representative  Relationship

FOR STAFF USE ONLY:

☐ Pt is at high risk for falls (Check if any answer above is Yes)

Actions Taken:
☐ Escorted patient under their own power
☐ Escorted patient by wheelchair
☐ Patient used their own cane/walker or other device
☐ Instructed patient that a staff member should be present each time they ambulate while in the facility

______________________________________________________________
Staff Signature