

Falls Risk & Home Safety Checklist

For Occupational Therapists & Care Professionals

LiveLife Alarms

lifelifealarms.com.au

1. Client Information

Client Name: _____

Date: _____

Assessor: _____

Living Situation:

- | | |
|--|--|
| <input type="checkbox"/> Lives alone | <input type="checkbox"/> Lives with partner |
| <input type="checkbox"/> Lives with family | <input type="checkbox"/> Supported accommodation |

Mobility Aids Used:

- | | | | |
|-------------------------------|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Walking stick | <input type="checkbox"/> Walker | <input type="checkbox"/> Wheelchair |
|-------------------------------|--|---------------------------------|-------------------------------------|

2. Falls Risk Factors

- | | |
|---|---|
| <input type="checkbox"/> Previous falls within last 12 months | <input type="checkbox"/> Balance impairment |
| <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Medication affecting balance |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Cognitive impairment |
| <input type="checkbox"/> Urgent toileting needs | <input type="checkbox"/> Fear of falling |

Notes:

3. Home Environment Safety

Entry & Pathways

- | | |
|--|---|
| <input type="checkbox"/> Uneven surfaces | <input type="checkbox"/> Steps without railings |
| <input type="checkbox"/> Poor lighting | <input type="checkbox"/> Cluttered pathways |

Living Areas

- | | |
|---|---|
| <input type="checkbox"/> Loose rugs | <input type="checkbox"/> Electrical cords across walkways |
| <input type="checkbox"/> Low seating difficult to rise from | <input type="checkbox"/> Poor lighting |

Bathroom

- | | |
|--|--|
| <input type="checkbox"/> Slippery floor surfaces | <input type="checkbox"/> No grab rails |
| <input type="checkbox"/> Shower step or lip | <input type="checkbox"/> No non-slip mat |

Bedroom

- | | |
|--|--|
| <input type="checkbox"/> Difficult access to bed | <input type="checkbox"/> Poor night lighting |
| <input type="checkbox"/> Items stored out of reach | |

4. Recommended Safety Supports

- | | |
|---|---|
| <input type="checkbox"/> Personal alarm recommended | <input type="checkbox"/> Grab rails recommended |
| <input type="checkbox"/> Mobility aid review | <input type="checkbox"/> Lighting improvements |
| <input type="checkbox"/> Home modification referral | |

