



Falls Assessment Chart

Resident's name: _____ DoB: _____ RACF: _____

Purpose To record falls and help analyse a pattern over a period of time.

Guidelines Mark the time on the "TimeLine" below, using a different colour for each location.

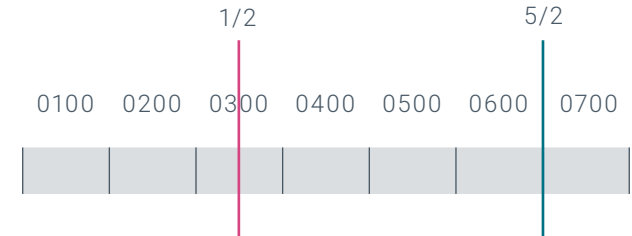
Mark the boxes below with the corresponding colour and location.

Be sure to enter the full date range below.

Sample timeline

1st February (1/2)
@ 0300 in the bedroom

5th February (5/2)
@ 0630 in the bathroom



TIMELINE

0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400



AM



MD

MN

Date range: ____ / ____ / ____ to ____ / ____ / ____

Name of nurse: _____ Signature: _____

Location

	Bedroom
	Bathroom

