

# VCePCR Fall Prevention Worksheet

- Required When
  - Age = 65 Years or Greater
  - Complaint Reported by Dispatch = Falls, Public Service, or Lift Assist
  - Incident Zip Code Within Established Pilot Area
- Worksheet Contains 12 Questions, Divided Into 4 Categories:
  - Qualifying Information
  - Patient History
  - Fall Risk Mitigation
  - Patient / Family / Representative Consent

# VCePCR Fall Prevention Worksheet

**Elderly Fall Prevention Worksheet**  
Worksheet

Crew Member:  Date:  Time:

OK Cancel Delete

**Qualifying Information**

History

Fall Risk Mitigation

Consent

1. Is this incident related to a fall?

2. Is the victim at high risk for a fall in the near future (next 6 months)?

3. Is the patient 65 years of age or older?

4. Is the site of this incident the patient's primary residence?

Times  
Mileage  
Timeline  
Power Tools

# VCePCR Fall Prevention Worksheet

History >	<b>History</b>
Fall Risk Mitigation >	
Consent >	
	<p>5. Has the patient fallen before or needed assistance up from the floor in the recent past (6 months)?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
	<p>6. Is the patient currently taking 5 or more prescribed or over-the-counter medications?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
	<p>7. Was this incident the result of a medical condition (weakness, dizziness, syncope, stroke, etc.)?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>
	<p>8. Was this incident the result of a mechanical issue (trip/slip and fall, roll out of bed, etc.)?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/></p>

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<b>Qualifying Information</b> >	<b>Fall Risk Mitigation</b>
History >	
<b>Fall Risk Mitigation</b> >	
Consent >	
	<b>9. Was information on fall prevention provided?</b> <input type="button" value="Yes"/> <input type="button" value="No"/>
	<b>10. Were any immediate hazards mitigated by personnel on scene?</b> <input type="button" value="Yes"/> <input type="button" value="No"/>
	<b>Consent</b>
	<b>11. Does the patient, or authorized representative, consent to a follow-up interview by a home healthcare nurse/professional regarding fall prevention?</b> <input type="button" value="Yes"/> <input type="button" value="No"/>
	<b>12. What is the consenting individual's first and last name and best phone number at which he/she can be reached?</b> <input type="text"/>

Timeline  
Power Tools  
Elderly Fall  
Stroke  
All