



# Ada County Paramedics Community Paramedic

## Home fall risk assessment checklist

Pt Name:	ID Number / DOB:	Date / /
----------	------------------	----------

### Outside of house

1. Sidewalk / pathway to house is level and free from any hazards	1. Yes ___ No ___ N/A ___
2. Driveway is free from debris / snow / ice.	2. Yes ___ No ___ N/A ___
3. Outside stairs are stable and have sturdy handrails.	3. Yes ___ No ___ N/A ___
4. Porch lights are working and provide adequate lighting.	4. Yes ___ No ___ N/A ___

### Living Room

1. Furniture is of adequate height and offers arm rest that assist in getting up and down.	1. Yes ___ No ___ N/A ___
2. Floor is free from any clutter that would create a tripping hazard	2. Yes ___ No ___ N/A ___
3. All cords are either behind furniture or secured in a manner that does not cause tripping hazards.	3. Yes ___ No ___ N/A ___
4. All rugs are secured to the floor with double sided tape.	4. Yes ___ No ___ N/A ___
5. Lighting is adequate to light the room.	5. Yes ___ No ___ N/A ___
6. All lighting has an easily accessible on/off switch.	6. Yes ___ No ___ N/A ___
7. Phone is readily accessible near favorite seating area.	7. Yes ___ No ___ N/A ___
8. Emergency numbers are printed near all phones in the house.	8. Yes ___ No ___ N/A ___

### Kitchen

1. Items used most often are within easy reach on low shelves.	1. Yes ___ No ___ N/A ___
2. Step stool is present, is sturdy and has handrails.	2. Yes ___ No ___ N/A ___
3. Floor mats are non-slip tread and secured to the floor.	3. Yes ___ No ___ N/A ___
4. Oven controls are within easy reach.	4. Yes ___ No ___ N/A ___
5. Kitchen lighting is adequate and easy to reach switches.	5. Yes ___ No ___ N/A ___
6. ABC fire extinguisher is located in kitchen.	6. Yes ___ No ___ N/A ___

### Stairs

1. Carpet / wood are properly secured.	1. Yes ___ No ___ N/A ___
2. Handrails are present and sturdy.	2. Yes ___ No ___ N/A ___
3. Stairs are free from clutter.	3. Yes ___ No ___ N/A ___
4. Stairway is adequately lit.	4. Yes ___ No ___ N/A ___

### Bathroom

1. Tub and shower have a non-slip surface.	1. Yes ___ No ___ N/A ___
2. Tub / shower have a grab bar for stability.	2. Yes ___ No ___ N/A ___
3. Toiler has a raised seat.	3. Yes ___ No ___ N/A ___
4. Grab bar is attached near toilet for assistance.	4. Yes ___ No ___ N/A ___
5. Pathway from the bedroom the bathroom is free from clutter and well lit for ease of movement in the middle of the night.	5. Yes ___ No ___ N/A ___

**Bedroom**

<ol style="list-style-type: none"><li>1. Floor is free from clutter.</li><li>2. Light is near bed and easy to turn on.</li><li>3. Phone is next to bed and within easy reach.</li><li>4. Flashlight is near bed in case of emergency.</li></ol>	<ol style="list-style-type: none"><li>1. Yes ___ No ___ N/A ___</li><li>2. Yes ___ No ___ N/A ___</li><li>3. Yes ___ No ___ N/A ___</li><li>4. Yes ___ No ___ N/A ___</li></ol>
---	---

**General**

<ol style="list-style-type: none"><li>1. Smoke detector in all areas of the house (each floor) and</li><li>2. CO detectors on each floor of the house and tested.</li><li>3. Flashlights are handy throughout the house.</li><li>4. Resident has all medical information readily available and in an Area emergency providers will easily find.</li><li>5. All heaters are away from any type of flammable material.</li></ol>	<ol style="list-style-type: none"><li>1. Yes ___ No ___ N/A ___</li><li>2. Yes ___ No ___ N/A ___</li><li>3. Yes ___ No ___ N/A ___</li><li>4. Yes ___ No ___ N/A ___</li><li>5. Yes ___ No ___ N/A ___</li></ol>
--	---

**Overall Tips**

<ol style="list-style-type: none"><li>1. Homeowner has good non-skid shoes to move around the house.</li><li>2. Assisted walking devices are readily accessible and in good condition.</li><li>3. There is a phone near the floor for ease of reach in case of fall.</li><li>4. All O2 tubing is less than 50ft. and is not a tripping hazard.</li><li>5. Resident has had an annual hearing and vision check by a physician.</li><li>6. Resident has the proper hearing and visual aids prescribed and are in good working condition.</li><li>7. All medications are properly stored and labeled to avoid confusion on dosage, time to take, and avoidance of missed doses.</li></ol>	<ol style="list-style-type: none"><li>1. Yes ___ No ___ N/A ___</li><li>2. Yes ___ No ___ N/A ___</li><li>3. Yes ___ No ___ N/A ___</li><li>4. Yes ___ No ___ N/A ___</li><li>5. Yes ___ No ___ N/A ___</li><li>6. Yes ___ No ___ N/A ___</li><li>7. Yes ___ No ___ N/A ___</li></ol>
--	---

**For all selections marked NO the following recommendations are noted below:**

---

---

---

---

---

---

**After evaluation I recommend the resident be considered for the following referrals:**

---

---

---

**Signature of resident:** \_\_\_\_\_

**Signature of Community Paramedic:** \_\_\_\_\_