

Score 1 for every category and total at the bottom of the 2 columns		Yes	No
1	Is there a history of any fall in the previous year? How assessed? Ask the question.		
2	Is the patient/client on four or more medications per day? How assessed? Identify number of prescribed medications.		
3	Does the patient/client have a diagnosis of stroke or Parkinson's? How assessed? Ask the question.		
4	Does the patient/client report any problems with their balance? How assessed? Ask the person.		
5	Is the patient/client unable to rise from a chair of knee height without using their arms? How assessed? Ask the person (are they able to stand up from a chair of knee height without using their arms)?		
Total			

Adapted from Nandy S et al (2004). Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care. *Journal of Public Health*; 26(2); 138-143

Level of predicted risk

- 3 – 5 yes's = higher falls risk
Refer to the falls team
- Less than 3 yes's = lower risk
If the person has mobility problems consider referral to Community Therapy Services
- For medicine management reviews consider
Pharmacy, Community Matrons, or General Practitioner

To assist with management of the patient please tick to indicate if the following problems are also present	Tick
The history of the fall indicates a mechanical or environmental reason	
There was an injury or fracture sustained during the fall	
The patient has a diagnosis of osteoporosis	
There has been more than one fall in the last 6 months Please include number of falls if known	
The patient was unable to get up from the floor following the fall	
The patient has altered gait and balance since the fall	

Name of assessor Signature

Professions and grade of assessor

Place of assessment Date and time