

Name: _____
 D.O.B./ CHI: _____
 Address: _____
 Telephone: _____
 GP Name/ Practice: _____
 GP telephone number: _____



LEVEL 1 FALLS SCREENING

It is important to identify people who would benefit from further assessment after falling, or those who are at risk of falling. Complete the following level 1 falls screening tool and send to the falls registry at the email address below.

BASIC SCREENING QUESTIONS	YES	NO
1. Have you fallen more than once in the last 6 months (NOT the result of simple accidental slips/ trips)?		
2. Do you have any unsteadiness on your feet, or have difficulties with your walking or balance? <i>OR</i> Has the screener observed any unsteadiness or difficulties with the persons walking or balance?		
3. Did you experience a blackout or any dizziness/ light-headedness when you fell?		
4. Have you experienced any difficulties carrying out your usual activities since you fell?		
5. Are you worried about falling again?		
6. Were you unable to get up from the floor after you fell?		

If the answer is **YES** to any of the above questions in the shaded boxes, further assessment is required and a level 2 falls assessment needs to be completed. Please ensure the person is aware of this and is agreeable to further input.

Additional comments regarding Level 1 Screening e.g. environmental issues/ hazards/ social issues/cognitive or hearing and visual impairments etc:

Internet access? YES NO

CONSENT TO SHARE INFORMATION:

The person has given informed consent (Information Sharing protocol: ISP) to share with:

Health Social Work Other (specify) :

Verbal consent obtained date: _____

Falls Register information leaflet supplied?

REQUIRES LEVEL 2 ASSESSMENT	LEVEL 2 ASSESSMENT ALREADY COMMENCED BY REFERRER	PERSON DECLINED FURTHER INPUT	<p>Supply person with falls information and send completed level 1 screenings to:</p> <p>FALLS REGISTER</p> <p><i>Via Secure Email:</i></p> <p>otduty@shetland.gov.uk</p>

SCREENERS INFORMATION

Name: _____ Designation: _____

Service/ Dept/Team/ Practice: _____

Location/ Address: _____

Contact telephone number: _____ Date level 1 screening completed: _____