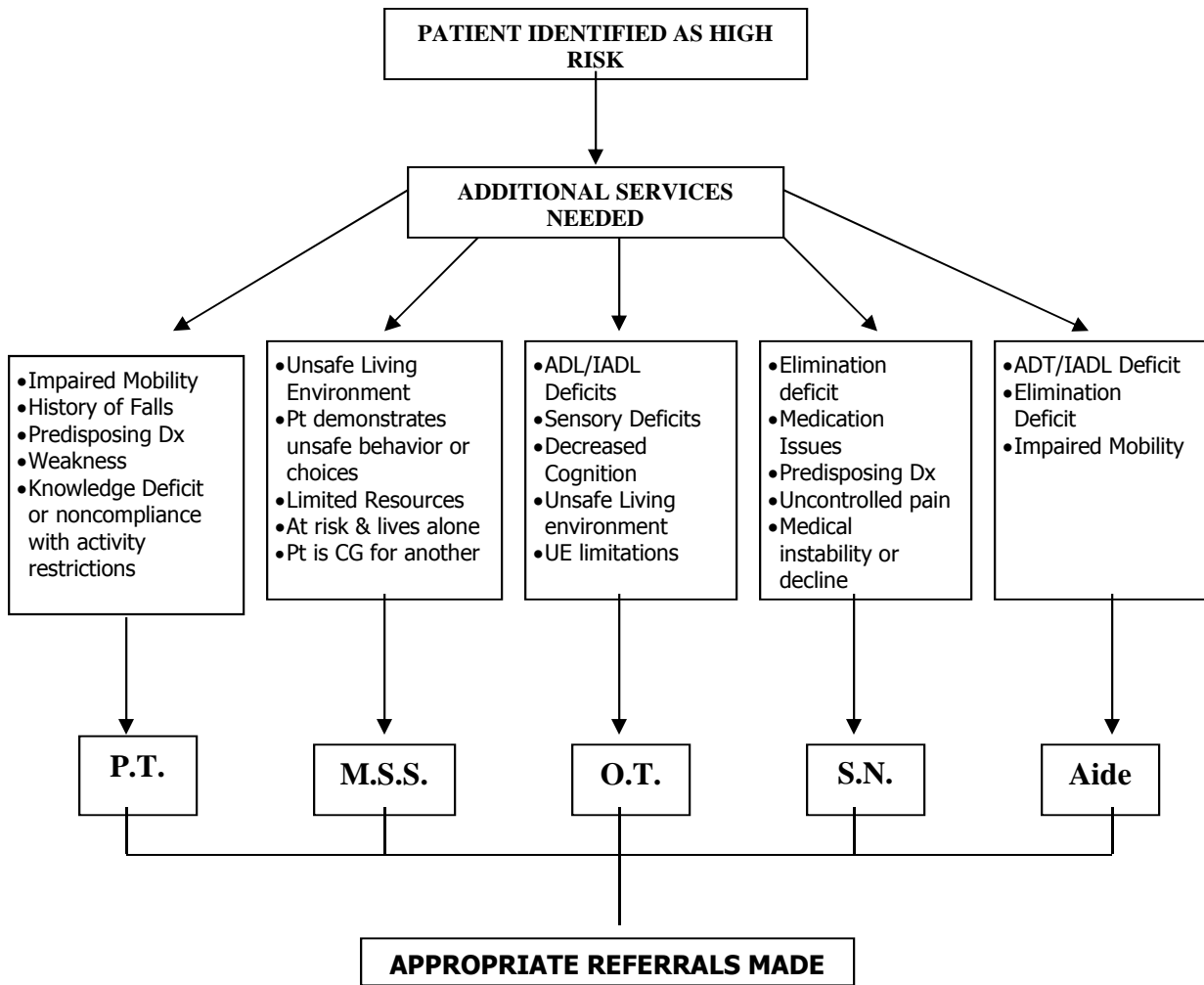


FALL RISK ASSESSMENT ALGORITHM



Patient Name: _____

Additional Services Requested:
 SN PT OT MSS Aide Other: _____

If no additional services requested, check reason:

- Discipline already ordered.
 - Pt has been assessed by this discipline w/in last 30 days.
 - Patient refused additional discipline.
 - Comments: _____
- _____
- _____

Staff Signature _____ Date _____