Falls Specialist Program Referral Form



This form is for referrals to the Falls Specialist Program by health care providers other than General Practitioners (GPs) working in the community.

GPs should continue to use current referral forms for Aged Care Outpatient Appointments.

Eligibility for referral

- Aged 65 years and over (Aboriginal & Torres Strait Islander 45+)
- History of falls or identified as being at risk of falling.

Note: referrals from high level residential aged care facilities will be accepted. In this setting intervention will consist of advice and education for care providers at the facility on the implementation of evidence based strategies for falls prevention.

implementation of evidence based strateg Date of referral:/ Is	s the client aware of the referral? Yes No
UMRN If known: Client name: DOB:/	☐ History of Abusive Behaviour ☐ History of Substance Abuse ☐ Infection Risk ☐ Does not speak English, ☐ Language ☐ Unsafe home environment ☐ Visual impaired ☐ Hearing impaired ☐ Other
Next of kin or other contact Name: Telephone:	Relationship:
General Practitioner Name: Telephone: Address:	Is the GP aware of the referral? ☐ Yes ☐ No
Referrer details Name: Telephone: Location/Source: FROP-Com score: Please see overside of referral for FROP-Com Please attach relevant clinical infor	
Post Falls Specialist Program	Fax Any Queries Call

Falls Risk for Older People in the Community (FROP-Com) Screen Screen all people 65 years and older

(50 years and older, Aboriginal & Torres Strait Islander people)

FALLS HISTORY	(Score between 0 and 3)	SCORE			
1. Number of falls in the past 12 months?	 □ None (0) □ 1 Fall (1) □ 2 Falls (2) □ 3 or More (3) 	[]			
FUNCTION: ADL Status	(Score between 0 and 3)				
 2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (e.g. cooking, housework, laundry) If no fall in last 12 months, rate current function 	 □ None (completely independent) (0) □ Supervision (1) □ Some assistance required (2) □ Completely dependent (3) 				
	(Score between 0 and 3)				
BALANCE	(Score between 0 and 3)				
 BALANCE 3. When walking and turning, does the person appear unsteady or at risk of losing their balance? Observe the person standing, walking a few metres, turning and sitting. If the person uses an aid observe the person with the aid. Do not base on self-report If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to an injury, score as 3. 	(Score between 0 and 3) □ No unsteadiness observed (0) □ Yes, minimally unsteady. (1) □ Yes, moderately unsteady (needs supervision) (2) □ Yes, consistently and severely unsteady. (needs constant hands on assistance) (3)	[]			

¹ Total score	0	1	2	3	4	5	6	7	8	9
Risk of being a faller	0.	0.25 0.7		1.4		4.0		7.7		
Grading of falls risk	0-3 Low risk			4-9 High risk						

¹ In 2009 the Department of Health Victoria funded Northern Health, in conjunction with the National Ageing Research Institute, to review the Department of Health's falls prevention resources website. The materials used as the basis of this generic resource were developed by the National Ageing Research Institute under a service agreement with the Department of Human Services, now the Department of Health. This and other falls prevention resources are available from the Department's Aged Care website at: http://health.vic.gov.au/agedcare/maintaining/falls/index.htm