STEADI-Rx FORM

Provider Consult - Fall Screening

Patient:	
Date of Birth:	**Date:**
Provider:	**Fax:**

Fall screening and medication review results:

The patient's pharmacist has reviewed the patient's fall-related risk factors and current medications. Based on information available to the pharmacy, this patient is not currently taking any prescription or non-prescription medications known to increase the risk of falling. Other fall risk factors are identified below.

Fall Risk Factor(s) Identified	FACTOR PRESENT?	
Any falls in the past year?	☐ Yes	☐ No
Worries about falling?	☐ Yes	☐ No
Feels unsteady when standing or walking?	☐ Yes	☐ No
Symptoms of lightheadedness or dizziness from lying to standing?	☐ Yes	☐ No
Taking 4+ chronic medications?	☐ Yes	☐ No
Taking 1+ high-risk medication(s)?	☐ Yes	☐ No

Evaluation of Gait, Strength, & Balance	PLEASE INDICATE YOUR RESPONSE	
	PLAN TO EVALUATE?	
According to AGS/BGS 2010 Fall Prevention Guidelines, a patient may benefit from an evaluation of gait, strength, and balance when fall risk factors are present.	☐ Yes	☐ No

Please acknowledge your receipt of this information and return to the pharmacy:

Provider Signature: **Date:**

Pharmacist:	**Pharmacy:**

Available by Fax: **or Phone:** **On:**

STEADI-Rx is a pharmacy initiative to reduce the risk of falls in older adults through collaboration between healthcare providers and pharmacists. It was developed by the University of North Carolina Eshelman School of Pharmacy and School of Medicine through a grant from the Centers for Disease Control and Prevention.

Insert Logo Here

Name of Organization
Phone Number
Website

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