

Falls Conversation

To support a different conversation about falls to enable people to live as active healthy and independent lives as possible.
The person should be transferred to the appropriate services where their needs will be considered and met.

Name:	NHS Number:
Address:	DOB:
	GP:

Q1	Have had any falls in the last 12 months or do they/you think they are at an increased risk of falling? YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to answer questions <input type="checkbox"/>	<p>⇒ If YES, complete questions below and refer to appropriate service</p> <p>⇒ If NO ask “Would you like to improve your strength and balance or take part in community activities?” YES <input type="checkbox"/> (Provide person with information for community activities & pass information to IHL) Person declined information <input type="checkbox"/></p>
Q2	Have you had a blackouts or loss of consciousness in the last 6 months, with no known cause e.g. epilepsy? YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>⇒ If YES, stop here & refer to Falls, Balance & Bone Health clinic</p> <p>⇒ If NO, move onto next question</p>
Q3	Are you experiencing undiagnosed, ongoing dizziness that has caused you to fall or lose your balance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>⇒ If YES, stop here & refer to Falls, Balance & Bone Health clinic</p> <p>⇒ If NO, move onto next question</p>
Q4	Has your walking or balance deteriorated in the last 6 months? YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>⇒ If NO, move onto next question</p> <p>⇒ If YES ask “Do you have a Neurological condition which has deteriorated in last 6 months?”: YES <input type="checkbox"/> (stop here & refer to Neuro team) NO <input type="checkbox"/> (stop here & refer to Community Therapy team)</p>
Q5	Are your falls related to the environment (stairs / steps / walking aids / difficulty?) YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>⇒ If YES, refer to Community Therapy team</p> <p>⇒ If NO ask “Would you like to improve your strength and balance or take part in community activities?” YES <input type="checkbox"/> (Provide person with information for community activities &/or pass information to IHL)</p>

Any other relevant information?

If answered **YES** to any of the questions 2 to 5, does the person agree to onward transfer? YES NO NA Transfer to service indicted via Single Point of Access on email wwl-tr.WWL-SPA@nhs.net or directly to service via SystmOne or via an MDT meeting.
If answer **NO** provide telephone number for Inspiring healthy lifestyles [01942 488481](tel:01942488481) and direct to the Community Book online

