

**A&E REFERRAL: FALLS ASSESSMENT SERVICE  
MEDICAL OFFICES, MEDICINE FOR THE ELDERLY  
ROYAL VICTORIA HOSPITAL  
DUNDEE DD1 1SP**

Date of A&E attendance: \_\_\_/\_\_\_/\_\_\_

Surname: \_\_\_\_\_ DOB chi: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ GP: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Patient phone: \_\_\_\_\_

Please circle

1. Is the patient under 65 years of age? YES/NO **If yes, do not refer**

2. Does the patient live outside Dundee? YES/NO **If yes, do not refer**

3. Does the patient live in nursing or residential home? YES/NO **If yes, do not refer**

4. First fall? YES/NO

**If No, number of falls in past 12 months \_\_\_\_\_ High risk if >1**

5. Location of fall? INDOORS/OUTDOORS **High risk if indoors**

6. Able to get up off floor unaided? YES/NO **High risk if 'no'**

Drugs (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **High risk if >4 drugs**

Refer if patient has one or more high risk features

Referring clinician: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact person at RVH: Staff Nurse Margaret McGrath ext 26140

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