

Northwest Region

Emergency Medical Service & Trauma Care Council



Date: _____

Patient Name: _____ Patient Phone: _____

Primary Care Provider: _____

EMS Facility:

- MCMO
- Central Mason
- North Mason
- District (please specify): _____

Description:

- Fall
- Transfer Assist
- Injury Y N

Physical Obstacles:

- Clutter
- Throw rugs
- Other: _____

Safety Equipment:

- Grab Bars
- Adequate Lighting
 - Outside Y N
 - Inside Y N
 - Night Lights Y N

Social Support:

- Caregiver
- Spouse/Family
- Lives alone

Dear Primary Care Provider,

The Northwest EMS Region's Falls Prevention Program focuses on identifying patients who would benefit from physical therapy to prevent further falls and injuries.

Please assess for a physical therapy referral for gait, strengthening and balance.

❖ Patient Care Record available upon request