**FALLS RISK ASSESSMENT TOOL (FRAT) – DISTRICT NURSING**

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| --- | --- | --- | --- |
| 1 | Has the person had a fall in the previous year? | yes | no |
| 2 | Does the person take 4 or more medications per day? | yes | no |
| 3 | Does the person have a diagnosis of stroke or Parkinson’s disease? | Yes | no |
| 4 | Does the person have problems with their balance? | Yes | no |
| 5 | Is the person unable to stand up without using their hands to help? | Yes | no |
|  | Yes to more than 3/5 on the FRAT indicates significant risk of falling.  **Total score:** |  |  |

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| --- |
| Any other additional information e.g. fear of falling,dizziness, vertigo or postural hypotension. |

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| FRAT not completed because |