



ANDREW M. CUOMO
Governor

THEODORE KASTNER, MD, MS
Acting Commissioner

Fall Prevention Environmental Review

Refer to 'Fall Prevention Environmental Review Information and Instructions' when filling out this form.

Part 1 – Basic Information

Name of Individual Being Reviewed:		
Name and Title of Staff Member Completing Form:		
Date of Environmental Review:	Date and Time of Fall:	House/Program:

Part 2 – Environmental Review

Wheelchair <input type="checkbox"/> N/A	Does the wheelchair work properly? Are brakes locked when appropriate? Do the brakes function properly? Is the chair stable during transfers? Are footplates moved during transfers to prevent interference? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Ambulation Device <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Other <input type="checkbox"/> N/A	Is the device in good condition? Is the device being used correctly? Is the device working properly? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Environmental Supports <input type="checkbox"/> N/A	Are grab bars installed in the bathroom? Are stairways equipped with handrail supports? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Floors	Is the floor clear of spills or dampness? Are the floors and walkways free of clutter and obstacles? Are rugs secured? Are there uneven surfaces or thresholds to maneuver? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Footwear	Is the individual wearing footwear that fit properly? Does the footwear have firm, nonskid soles? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Lighting	Is there adequate lighting for clear visibility? Are the light switches accessible to the individual? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N

