



PATIENT NAME:		Date of Assessment:	
<b>Marianjoy Fall Risk Assessment Tool<sup>®</sup> For Inpatient Rehabilitation</b>		<b>SCORE IN POINTS</b>	
FALL RISK INDICATOR DESCRIPTION:		Date of Assessment:	Yes = 1 No = 0
1.	<b>COMMUNICATION DEFICITS</b> Inability to make basic needs known to staff		
2.	<b>IMPAIRED COGNITION</b> Difficulty understanding, reasoning and/or remaining oriented to people, place, time		
3.	<b>ALTERED BOWEL / BLADDER ELIMINATION</b> Any altered bowel and/or bladder function issue related to incontinence, retention, infection, constipation, urgency, diarrhea, etc.		
4.	<b>UNILATERAL NEGLECT</b> New onset of inability to be aware of one side of the body		
5.	<b>LOWER EXTREMITY PARESIS</b> New onset of LE Paresis		
6.	<b>UPPER EXTREMITY PARESIS</b> New onset of UE Paresis		
7.	<b>SENSORY DEFICITS</b> Deficits in hearing, sight or touch		
8.	<b>HISTORY OF PREVIOUS FALL IN PAST 3 MONTHS</b>		
9.	<b>IMPULSIVE BEHAVIOR</b> Quick actions taken by an individual without thought of consequences or insight into physical limitations or weight bearing status or safety		
10.	<b>SPECIAL MEDICATIONS</b> Antipsychotic, antidepressants		
<b>SCORING THE MARIANJOY FALL RISK ASSESSMENT TOOL<sup>®</sup></b>			<b>TOTAL SCORE</b>
Assess the rehabilitation inpatient for each of the 10 indicators listed in the Marianjoy Fall Risk Assessment Tool <sup>®</sup> . <ul style="list-style-type: none"> <li>Place a value of "1" beside the appropriate indicator if the patient fits the indicator description.</li> <li>If the patient does not fit the indicator description mark it with a "0".</li> <li>Add the points in the score column and fill in "Total Score." If the patient has 4 or more points in the score column, the Marianjoy Fall Risk Assessment Tool<sup>®</sup> rates the patient as high risk for fall.</li> </ul>			