



3200511

**BAILEY MEDICAL CENTER  
OWASSO, OKLAHOMA 74055**

**RADIOLOGY FALL  
SCREENING TOOL  
200511 (04/12)**

If patient answers yes to any question listed below please place a yellow "Fall Risk" charm on the patient's ID band.

- Do you require assistance to get around by walker, wheelchair or cane? Yes No
- Are you feeling dizzy or unstable? Yes No
- Do you have a history of falling? Yes No
- Do you need assistance in exam room/ dressing room/ or getting on radiology table? Yes No
- Have you taken any medications that affect your balance? Yes No

Exam being performed \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

