

TOOL:

Year-at-a-glance

Annual reminders to help prevent falls



Annual Reminders	Year 20 ____	Year 20 ____
Take the Personal Fall Risk Assessment Questionnaire	Score: Date completed: Notes:	Score: Date completed: Notes:
Review all medications with your pharmacist or family doctor; Include over-the-counter medications, supplements and vitamins	Date completed: Notes:	Date completed: Notes:
Visit an audiologist to get your hearing checked	Date completed: Notes:	Date completed: Notes:
Visit an optometrist to get your eyesight checked	Date completed: Notes:	Date completed: Notes:
Visit your family doctor or podiatrist to have your feet checked and check the fit and condition of footwear; replace any worn shoes	Date completed: Notes:	Date completed: Notes: