

My Plans for Reducing Fall Risks

Priority: Changes in leg strength, balance and/or walking

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

If you have fallen, please contact your primary care physician.

If you are unable to keep a scheduled appointment or have changed your mind regarding the plans you have made,
please contact your Falls Care Manager:

Name, professional credentials STRIDE Nurse Falls Care Manager

Phone:

Email:

My Plans for Reducing Fall Risks

Priority: Medications

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

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Name, professional credentials STRIDE Nurse Falls Care Manager

Phone:

Email:

3

My Plans for Reducing Fall Risks

Priority: Postural Hypotension

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

If you have fallen, please contact your primary care physician.

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Name, professional credentials STRIDE Nurse Falls Care Manager

Phone:

Email:

My Plans for Reducing Fall Risks

Priority: Feet, Footwear or Walking Aid

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

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Phone:

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My Plans for Reducing Fall Risks

Priority: Home/ Environmental hazards

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

If you have fallen, please contact your primary care physician.

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Name, professional credentials STRIDE Nurse Falls Care Manager

Phone:

Email:

My Plans for Reducing Fall Risks
Priority: Not Enough Vitamin D

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

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Phone:

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My Plans for Reducing Fall Risks

Priority: Risk of Osteoporosis and related Fracture

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

If you have fallen, please contact your primary care physician.

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Name, professional credentials STRIDE Nurse Falls Care Manager

Phone:

Email:

My Plans for Reducing Fall Risks

Priority: Vision Problem

My Goal for the next month is:

Why it matters to me (e.g., increased balance will.....)

How will I do this?

When will I do this?

The things that could make it difficult to do this are:

My plan for overcoming these difficulties includes:

Support/Resources my Falls Care Manager will assist me with in order to achieve these goals include:

How will I monitor progress?

If you have fallen, please contact your primary care physician.

If you are unable to keep a scheduled appointment or have changed your mind regarding the plans you have made,
please contact your Falls Care Manager:

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