

## **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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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?**

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## **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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## **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?**

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**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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## **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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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.**

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