Fall Risk / Mobility Emergency Information Sheet

Organize mobility aids, baseline walking or transfer needs, hearing/vision notes, medications, and contacts.

Identity & Contacts

Name / DOB _____

Emergency contacts _____

Caregiver contacts _____

Trusted key holder if safe to share _____

Mobility Details

Mobility aids _____

Walking baseline _____

Transfer notes location _____

Wheelchair / walker / cane details _____

Support Needs

Hearing needs _____

Vision needs _____

Communication needs _____

Home access notes if appropriate _____

Medical Basics

Fall history context _____

Doctors / pharmacy _____

Medications / allergies _____

Care plan location _____

Notes / where fuller instructions are kept