

**Interactive Metronome Fall Risk Reduction Program
Patient Selection & Assessment Worksheet, Module 2**

Patient name: _____ Date Assessed: _____

Age: _____ Treating Diagnosis: _____

Past Medical History: _____

Patient Goals: _____

Does patient have a goal including ambulation and/or transfers: ___ Yes ___ No

If no, patient not appropriate for this Fall Risk Reduction Program (but may still benefit from therapy, IM, and other interventions!)

Results from Assessments:

1. Short Form Test:

Task #1: Task Average: _____ Variability: _____ SRO%: _____

Task #2: Task Average: _____ Variability: _____ SRO%: _____

2. Long Form Assessment:

Complete and print out the LFA results. Will provide a breakdown of each task.

Overall Task Average: _____

Comments: _____

3. Short Form Test combined with a cognitive or motor task (assess dual tasking):

Condition	Task #1 Scores	Task #2 Scores
Standard condition (can use results from above)		
SFT while also performing _____ _____ _____		
SFT while also performing _____ _____ _____		

4. Standardized Evaluation Tool

Assessment Domain	Tool	Score (can also attach copy to worksheet)
Motor		
Cognitive		
Self Confidence		

Treatment Goals: _____

Questions? Please email dara.coburn@interactivemetronome.com.