



Name:

DOB: NHI:

Doctor:

Residence.....

Circle: Aged Care Dementia (Stage 3 or 5)

Medicine Related Falls Risk Assessment Tool (MrFRAT)

(Only count the medicine once under its indication category)

	Score Per Medicine	Score
Hypnotics (Antipsychotics, Benzodiazepines, zopiclone, Sedating Antihistamines)	2	<input style="width: 50px; height: 20px;" type="text"/>
Antidepressants (All antidepressant classes)	2	<input style="width: 50px; height: 20px;" type="text"/>
Anticholinergics (oxybutynin, solifenacin, tolterodine, benztropine, orphenadrine, procyclidine)	1	<input style="width: 50px; height: 20px;" type="text"/>
	Score per Classification	
Antihypertensives (Only diuretics, alpha-blockers)	1	<input style="width: 50px; height: 20px;" type="text"/>
Digoxin	1	<input style="width: 50px; height: 20px;" type="text"/>
Antiepileptics	1	<input style="width: 50px; height: 20px;" type="text"/>
≥6 Long term medicines (daily oral and insulin)	2	<input style="width: 50px; height: 20px;" type="text"/>
Female	1	<input style="width: 50px; height: 20px;" type="text"/>
	Total Score	<input style="width: 50px; height: 20px;" type="text"/>

Additional comments/information:

Falls in the previous 12 months	No <input style="width: 40px; height: 20px;" type="text"/>	Yes <input style="width: 40px; height: 20px;" type="text"/>		Number of Falls <input style="width: 40px; height: 20px;" type="text"/>
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Action: ARRC (tick box when carried out)

<input type="checkbox"/>	Fax (ISBAR) to GP for information only
<input type="checkbox"/>	Refer to Prescriber (or Clinical Pharmacist) for Medicine Review Score ≥4
<input type="checkbox"/>	Place completed MrFRAT into resident file for GP to review at next visit
<input type="checkbox"/>	Post fall: Resident's postural BP is: Sitting _____ Standing _____

Dear Doctor, please may you consider the following actions to minimise this resident's risk of falling.

<input type="checkbox"/>	Medicine review (if Score ≥4)
<input type="checkbox"/>	Prescribing Vitamin D

Date MRFRAT completed _____ Name: _____