MOBILITY FALL PRECAUTIONS			
DATE:		INITIALS:	
WEIGHT BEARING	As Tolerated	☐ L ☐ R  Partial Weight Bearing	□ L □ R  Non-Weight Bearing
ASSIST	Independent	Standby 1 Person	2 Person
AID	Cane	Walker	Wheelchair
TRANSFER	☐ Pivot	☐ Hoyer Lift	Bedrest
TOILETING	Bedpan	Bedside Commode	☐ Toilet
	Bed/Chair	☐ Yes	□ No