

I have read the Patient Safety Brochure. I understand that for the following reason(s) I am at risk for falling.

\_\_\_ Surgery

\_\_\_ Seizure

\_\_\_ Recent Falls

\_\_\_ Taking the following Medications

\_\_\_ Sleep Aides

\_\_\_ Pain Medications

\_\_\_ Anti-Anxiety Medications

\_\_\_ Anti-Seizure Medications

\_\_\_ Blood-Pressure Medications

\_\_\_ Breathing Treatments

\_\_\_ Muscle Relaxants

\_\_\_ Allergy Medications

\_\_\_ Water Pills

(These medications have side effects that make me at risk to fall)

I will use my call bell **and wait** for a staff member to assist me with getting out of bed or out of my chair so that I will be safe.

**CALL – DON'T FALL!!!**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Print Name: \_\_\_\_\_

**This Contract Stays With the Patient and is NOT Part of the Patient Record**