

Falls Prevention Service Referral Form

You can refer yourself to the Falls Prevention Service if:

- Aged 65 years or over
- Live in the South Eastern HSC Trust area (not residential/nursing home)
- Have had a fall in the last 12 months or you are concerned about falling.

Name	
Address	
Post Code	
Home Telephone Number	
Mobile Telephone Number	
Date of Birth	
Health & Care Number (if known)	
GP	
How have you become aware of the service?	GP () Pharmacist () Optometrist/Optician () District nurse () Friend/relative () Other Please specify _____
If you have fallen in the last 12 months, how many times?	

Please send completed referral form to:

Trust Falls Coordinator
 First Floor
 Old Psychiatry Building
 Lagan Valley Hospital
 Hillsborough Road
 Lisburn
 BT28 1JP