The Falls Prevention Coalition is dedicated to reducing the alarming number of falls in our community and believes that falls are not an inevitable consequence of aging. We want to help seniors and others stay independent and living in your home!

EMS Falls Prevention Referral Fax Form

EMS Personnel: Do not complete this form if the patient is transported to the Emergency Room!

#1 Patient Name ___________________________ DOB ___________________________

Last
First

Patient Address ___________________________ Phone ___________________________

Physician Name ___________________________

#2 Briefly describe the fall and its location.

___________________________________________________________________________________________

#3 First Responders, Please fax to: Senior Outreach Program at (530) 274-3264. (If you have questions, call the Senior Outreach Program at (530) 265-1470.)

Person and Agency Completing Form ___________________________ Phone Number ___________________________

Thank you for your help in our efforts to reduce the number of falls in Nevada County!

**************************** OFFICE USE ONLY ****************************

Referral made to:
PCP:
Staff initials and date:

Rev. 01/09