



Referral Form

One Step Ahead – Fall Prevention Program

Please email this form to: fallprevention.ems@kingcounty.gov

For more information: (206) 263-8544

www.Kingcounty.gov/ems/falls

Thank you for your referral. Our Program Fall Prevention Specialist will contact you to confirm that the referral has been received and contact the client directly. Please discuss the intent of this referral with your client.

Date:	
For intervention in-home visits, clients must meet ALL of the following criteria	
<input type="checkbox"/>	Residing in King County, excluding Seattle
<input type="checkbox"/>	50 years of age or older
<input type="checkbox"/>	Living independently (not in a nursing home, assisted living facility, adult family home, and Hospice)
<input type="checkbox"/>	Must be ambulatory
<input type="checkbox"/>	Client has experienced a fall within the past 6 months and called 9-1-1
Alternatively, if not all criteria are met, check box below and provide client information	
<input type="checkbox"/>	DOES NOT meet program criteria for enrollment, phone consultation requested

Client information			
First and Last Name			
Address, City, Zip			
Phone			
Collateral contact			
Date of Birth		Gender:	
Client fall history and additional comments			
Referred by			
Name			
Agency			
Phone		Email	

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