

CLIENT INFORMATION

Client Name	Margaret Chen
Date of Birth	15 March 1952 (Age 74)
Report Period	4 November 2025 – 10 March 2026
Referral Source	GP referral — Dr Sarah Wong, Greenvalley Medical Centre
Referral Date	28 October 2025
Reason for Referral	Falls prevention assessment following two falls at home in October 2025
Referring Clinician	Dr Sarah Wong, General Practitioner, Greenvalley Medical Centre

ASSESSMENTS ADMINISTERED

[Scored by ClientForms — scores, severity bands, and RCI calculated from validated instruments]

Falls Efficacy Scale – International (FES-I)

Baseline: 42/64 (High Concern) — 8 November 2025

Current: 34/64 (High Concern) — 7 March 2026

Change: -8 points (19% improvement)

Reliable Change Index (RCI): Exceeded — statistically significant change

Margaret's falls concern has reduced meaningfully over the intervention period. While still in the "High Concern" band, the 8-point improvement exceeds the RCI threshold of 7 points, indicating statistically reliable change. Concern remains elevated for stair negotiation (item 10) and reaching above head height (item 8).

Berg Balance Scale (BBS)

Baseline: 28/56 (High Fall Risk) — 8 November 2025

Current: 38/56 (Medium Fall Risk) — 7 March 2026

Change: +10 points (36% improvement)

Reliable Change Index (RCI): Exceeded — statistically significant change

Margaret has progressed from High Fall Risk to Medium Fall Risk. Standing balance (items 6-7) and functional reach (item 8) show the largest improvements. Tandem stance and single-leg stance remain below threshold — consistent with ongoing vestibulocochlear deficit noted in referral.

ASSESSMENT TRENDS

[ClientForms embeds trend charts in the Word document — shows FES-I and BBS scores across baseline, week 8, week 16, and current assessment with severity band overlays]

FUNCTIONAL CAPACITY

[\[Domain hints pre-filled by ClientForms from assessment scores — clinician narrative added below\]](#)

Self-Care

[\[ClientForms\]](#) Shower transfer concern flagged from FES-I item 7 (score 3/4)

Margaret reports improved confidence with shower transfers since installation of grab rails (December 2025). She now showers independently with non-slip mat in place. Dressing upper body is independent; lower body dressing requires perching stool for sock and shoe management. Meal preparation is independent for simple meals; she avoids carrying hot liquids due to residual balance concern.

Productivity

Margaret manages light housekeeping independently (wiping surfaces, loading dishwasher). Vacuuming and mopping are completed with her daughter's assistance fortnightly. She manages her own medication schedule using a Webster pack. Community access for shopping is achieved via accompanied trips with her walking frame — she reports feeling "more steady" than at baseline.

Leisure

Has resumed twice-weekly attendance at her local seniors' group (previously ceased after falls). Reading, crosswords, and video calls with grandchildren continue as valued leisure occupations. She has not yet resumed gardening due to concern about kneeling and standing from low positions — this is an identified goal for the next review period.

Motor & Sensory

[\[ClientForms\]](#) Standing balance deficit — BBS items 6, 7 below threshold

Margaret demonstrated improved standing balance during functional tasks, transitioning from sit-to-stand with reduced upper limb support compared to baseline. Tandem stance holds for 8 seconds (up from 3s). Single-leg stance remains limited to 4 seconds on the right, 2 seconds on the left. Gait with walking frame is steady on level surfaces; she requires supervision on uneven ground and stairs.

Cognitive

No cognitive concerns identified. Margaret demonstrates intact executive function, follows multi-step instructions during exercises, and manages her own home exercise programme schedule without prompting.

Environmental Factors

[\[ClientForms\]](#) Stair negotiation risk — FES-I item 10 elevated (score 4/4)

Home modifications completed in December 2025: grab rails installed in bathroom (shower and toilet), non-slip mats in bathroom and kitchen, stair rail tightened on both sides of internal staircase. Night light installed on landing. Remaining concern: external front steps (3 steps, no handrail on left side) — recommend handrail installation before discharge.

CLIENT GOALS & PRIORITIES

Goal: Reduce risk of falls at home

Priority: High | Status: In progress

FES-I reduced from 42 to 34. Home modifications complete. BBS improved from 28 to 38 (Medium Fall Risk). External steps still unmodified.

Goal: Resume independent showering

Priority: High | Status: Achieved

Showers independently with grab rails and non-slip mat. No incidents since installation.

Goal: Return to seniors' group

Priority: Medium | Status: Achieved

Attending twice weekly since January 2026. Travels via community transport with walking frame.

Goal: Resume gardening activities

Priority: Medium | Status: Not started

Deferred — Margaret prefers to focus on balance and stair safety before attempting low-level activities. Target for next review period.

CLINICAL REASONING

Margaret's presentation is consistent with age-related deconditioning exacerbated by two falls in October 2025. The falls pattern (both occurred during turning movements in the kitchen) suggests vestibular and proprioceptive components alongside general strength deficit. The significant improvement in BBS (28 to 38, crossing from High to Medium Fall Risk) validates the intervention approach — targeted balance exercises combined with home modifications. FES-I improvement (42 to 34) shows a meaningful reduction in fear of falling, though concern remains elevated for activities involving height changes (stairs, reaching overhead).

The intervention approach has been effective: combining structured balance exercises (3x weekly home programme) with environmental modification has addressed both the physical and psychological components of falls risk. Margaret's engagement is excellent — adherence to home programme is self-reported at 90%+ and corroborated by objective score improvements.

INTERVENTION PLAN

Continue fortnightly sessions (45 minutes) focusing on:

- Dynamic balance training — progressing from supported to unsupported tandem and single-leg activities
- Stair negotiation practice — step-over-step pattern with bilateral rail use, progressing to single rail
- Functional reach and overhead activities — graded exposure for gardening preparation
- Community mobility — outdoor walking on varied surfaces with walking frame
- Home exercise programme review and progression

RISK ASSESSMENT

[Auto-flagged by ClientForms from assessment responses]

! FES-I item 10 (Going up or down stairs): Score 4/4 — maximum concern

! FES-I item 8 (Reaching for something above head): Score 3/4 — high concern

Clinician Notes

Margaret's stair concern is consistent with the absence of a left-side handrail on external front steps. She currently manages internal stairs safely with bilateral rails. External steps represent the primary residual environmental risk. Falls risk is managed but not eliminated — ongoing intervention is recommended until BBS exceeds 45/56 (Low Fall Risk threshold) and external modifications are complete.

RECOMMENDATIONS

- Continue fortnightly OT sessions for a further 8 weeks (4 sessions), with review at that point
- Install handrail on left side of external front steps — refer to home modifications provider
- Maintain current home exercise programme (3x weekly balance exercises)
- GP follow-up: review of vestibulocochlear function given persistent single-leg stance limitation
- Consider podiatry referral for footwear assessment — current slippers may contribute to slip risk
- Reassess FES-I and BBS at next review to confirm trajectory toward Low Fall Risk

CLINICIAN DETAILS

Clinician Name	Sarah Mitchell
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Signature: _____

Date: 10 March 2026

Sarah Mitchell | BOccThy, MSc (Neurorehabilitation) | AHPRA OCC0001234567

Created with ClientForms (clientforms.app) — 30+ OT outcome measures with scoring, severity bands, and trend tracking. Administer FES-I, BBS, ARAT, DASS-21, and more at clientforms.app/occupational-therapy

SAMPLE report with fictional client data for demonstration purposes only.