

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
NHS Number: \_\_\_\_\_

## Tick relevant factors

Score of 2 more = at risk

### Absolute Score (Score 2 for each)

- Not conscious
- Orthopaedic trauma / surgery (major)
- Rehydration necessary
- Tetraplegic / paralysis
- Having difficulty to or won't move

### Relative score (score 1 for each)

- Limb mobility restricted
- Incontinent
- Nutritionally deficient / emaciated / obese
- Discoloured over bony prominences
- Seventy years old or more

**Total risk score**

Date:	Signature:	Signed by:
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