

**<<Miscellaneous:Practice Letterhead>>**

**Patient's Name:** <<Patient Demographics:Full Name>>

**Date of Birth:**

<<Patient Demographics:DOB>>

<b>FRAIL SCALE RISK ASSESSMENT</b>		<b>SCORE</b>
<b>F</b>	<b>FATIGUE</b> In the last four weeks, did you feel tired all or most of the time?	<<In last 4wks, did you feel tired all or most of time?>>
<b>R</b>	<b>RESISTANCE</b> In the last four weeks, by yourself and not using aids, did you have any difficulty walking up 10 steps without resting?	<<In last 4wks, any difficulty walking up 10 steps?>>
<b>A</b>	<b>AMBULATION</b> In the last four weeks, by yourself and not using aids, did you have any difficulty walking 300 metres OR around the block?	<<In last 4wks, any difficulty walking 300 metres?>>
<b>I</b>	<b>ILLNESS</b> Do you have five or more illnesses, such as: <ul style="list-style-type: none"> <li>- Hypertension</li> <li>- Diabetes</li> <li>- Cancer (not minor skin cancer)</li> <li>- Chronic lung disease</li> <li>- Have had a heart attack</li> <li>- Congestive heart failure</li> <li>- Angina</li> <li>- Asthma</li> <li>- Arthritis</li> <li>- Kidney disease</li> <li>- Other</li> </ul>	<<Do you have five or more illnesses?>>
<b>L</b>	<b>LOSS OF WEIGHT</b> In the past year, have you lost more than 5kg or 5% of your body weight?	<<In past yr, have you lost more than 5kg/5% weight?>>
<b>SCORE INTERPRETATION:</b> 0 = ROBUST   1-2 = PRE-FRAIL   ≥ 3 = FRAIL		<b>&lt;&lt;ADD UP SCORES&gt;&gt;</b>
<b>RECOMMENDATIONS:</b>		
<b>REFERRALS/FOLLOW UP:</b>		

**Date of assessment:** 07/12/2018

**Review date:** DD/MM/YYYY

**Person completing the assessment:** Dr Frederick Findacure