Referral Form
One Step Ahead Fall Prevention Program

Please email the completed form to: fallprevention.ems@kingcounty.gov

For more information: 206-263-8544 | www.kingcounty.gov/ems/falls

Thank you for submitting a referral. Your request will be reviewed for eligible enrollment. A program health educator will contact you and the individual referred, if different, within 1 - 3 business days of receipt, to discuss the program and next steps. If submitting a referral on behalf of another person, please talk with the individual about the reason for the referral and discuss the services offered by the One Step Ahead Fall Prevention program.

Today's Date:

1. Enrollment Criteria: To enroll, all criteria must be fully met

Please review each criterion. Select all that apply to the referred individual then complete sections 3 and 4.

- ☐ 50 years of age and older
- ☐ Residing in King County, not including Seattle
- ☐ Lives independently; not within a nursing home, assisted living facility, adult family home or enrolled in hospice
- ☐ Able to walk, with or without assistive devices
- ☐ Experienced a fall in the past 6 months AND called 9-1-1 due to the fall

2. Request for Fall Prevention Phone Consultation

We understand that some applicants may not meet program criteria. To ensure support, a Fall Prevention phone consultation is available to provide information, answer questions and connect individuals with fall prevention resources. Select the box below and complete sections 3 and 4.

- ☐ I would like to request a fall prevention phone consultation

3. Referred Individual: Enter information for the person being referred to the program

First & Last Name			
Address, City, Zip Code			
Phone			
Preferred Contact Name & Phone			
Date of Birth		Gender	

History of falls and additional comments:

4. Referring Party: Enter information for the person submitting the form

First & Last Name			
Agency/Organization			
Phone		Email	
Relationship to the referred individual			