

**REFERRAL OPTIONS FOR FALL PREVENTION (area: \_\_\_\_\_)**

Group/Community Fall Prevention Exercise (name of class, location)	Contact number

Fall Prevention Program (name of class, location)	Contact number

Physiotherapist/Exercise Physiologist for balance and lower limb strength exercise (name of practice/practitioner, clinic location and/or 'mobile' for home visits)	Contact number

Occupational Therapist for home safety review (name of practice/practitioner)	Contact number

Podiatrist for foot and ankle interventions (name of practice/practitioner, clinic location and/or 'mobile' for home visits)	Contact number

Pharmacist for home medicines review (HMR) (name of practice/practitioner)	Contact number

Multidisciplinary Agency, Falls Clinic and Other Services (name of practice/practitioners, type of services, location and/or 'mobile' for home visits, how to refer)	Contact number