

# Comprehensive Geriatric Assessment Form

**Dr. Lana Halaseh, MD, MCFP (COE), AGS, FCGS**

Associate Professor

Consultant Family Physician, Geriatric Specialist and Hospitalist

Program Director of Family Medicine training for medical students

Faculty member- Middle East Academy for Medicine of Aging (MEAMA)

Patient's name -----

Date-----

MRN-----

Date of Birth -----

Accompanied by -----

## Reason/s for Referral

## History of Presenting Illness/ Main Issues

### Past Medical History

- HTN
- Dyslipidemia
- DM (OHA/Insulin)
- CAD/stents/CHF
- A.Fib/ Pacemaker
- Stroke/TIA
- Arthritis (OA, RA)
- Osteoporosis
- Thyroid
- Parkinson's
- Cancer
- Other

### Past Psychiatric History

- Depression
- Dementia
- Delirium
- Psychosis
- Other

### Past Surgical History

- Cholecystectomy/appendectomy
- CABG/ PCI/Stent
- TURP
- Hip fracture/ Joint replacement
- Other

## Medications

1. Name, dose, frequency
- 2.

## Vaccines

1. Pneumococcal vaccine: Type: \_\_\_\_\_, Date \_\_\_\_\_
2. Last Influenza vaccine
3. Zoster vaccine: Date \_\_\_\_\_
4. Td vaccine: Date \_\_\_\_\_

## PRN/Non-Prescription and Herbals and Vitamins

- Administration:       --Self               ---supervised
- Understanding Meds: --Poor            ---Adequate
- Adherence:            --Good            ---Adequate       --Poor

## Allergies/Reactions to Medications

Allergy to \_\_\_\_\_

Type of reaction \_\_\_\_\_

## Functional Status (self-report)

<b>Basic Activities of Daily Living (BADLs)/ Katz Index</b>				
Feeding	Independent	Supervised	Assisted	Dependent
Dressing	Independent	Supervised	Assisted	Dependent
Bathing	Independent	Supervised	Assisted	Dependent
Toileting	Independent	Supervised	Assisted	Dependent
Continenence	Independent	Supervised	Assisted	Dependent
Ambulation (+/- aid)	Independent	Supervised	Assisted	Dependent
Transfers/ Stairs	Independent	Supervised	Assisted	Dependent
Praying	Independent	Supervised	Assisted	Dependent
<b>Instrumental Activities of Daily Living (IADLs)/ Lawton Scale</b>				
Driving:	Independent	Supervised	Assisted	Dependent
Shopping	Independent	Supervised	Assisted	Dependent
cooking	Independent	Supervised	Assisted	Dependent
Housework	Independent	Supervised	Assisted	Dependent
Laundry	Independent	Supervised	Assisted	Dependent
Banking/finance	Independent	Supervised	Assisted	Dependent
Medications	Independent	Supervised	Assisted	Dependent
Ability to Use Telephone	Independent	Supervised	Assisted	Dependent
<b>Advanced Activities of Daily Living (AADLs)</b>				
Hobbies/ Socialization	Out and about	House-bound	Wheelchair-bound	Bed-bound

## Home Safety Issues

- leaves stove on/ water running.
- Wandering

## Assistive Devices

- Walker
- Cane
- Wheelchair

- Devices at home: bath seat, Commode/ raised toilet seat/ bath grab bars

### **Home Environment**

- stairs into house/ stairs in the house
- location of bathrooms

### **Family and Social History**

Living Arrangement: apartment/house      With Whom:      Aide

Marital status: married/ widow/ single/other

Education:

Work History:

Finance/Will/POA:

Hobbies/Leisure:

Smoking (pack.year):      Alcohol:

Family Hx of Dementia/depression/psychotic illness/PD/CVA.

### **Geriatric Review of Systems/Geriatric Syndromes:**

- 1- Sphincter: Bladder/Continenence, Bowel Function: Constipation/Continenence
- 2- Gait/ walking aid/ Falls in the last year
- 3- Mood
- 4- Memory Impairment: Insight
- 5- Sensory: Vision-cataract Sx/ Glaucoma, Hearing loss/Hearing-aid
- 6- Appetite /Weight loss/dentures
- 7- Pain: site/severity/control/meds
- 8- Sleep: insomnia (early-late), other sleep disorders (RLS, RBD,..)
- 9- Neurologic: Dizziness/vertigo/syncope, weakness/numbness/tremor, headache, Diplopia/Dysarthria/Dysphagia
- 10- Pertinent cardiac and respiratory
- 11- Other pertinent positives

### **Mental Status Examination:**

- ✓ Mini-cog test: ( /5)  
Clock Drawing Test: ( /3)  
MMSE ( /30), MOCA ( /30), RUDAS ( /30)
- ✓ Geriatric Depression Scale (GDS): ( /15)
- ✓ Appearance  
Affect  
Speech: Word finding difficulty/aphasia/Dysarthria  
Hallucinations/delusions  
Acquired knowledge and Judgment

Insight

**Physical Examination:**

✓ General Observations: Pale/cyanotic/flushed/distressed  
Cachectic/other

✓ Vital signs:

BP	Supine /	Standing /
HR	Supine bpm	Standing bpm
Temp		
Weight	kg	Past visits' wt:

Head and Neck:

Chest:

Breast:

CVS:

Abdominal:

MSK:

Skin:

Neurological Examination:

Gait/ TUG test (sec)

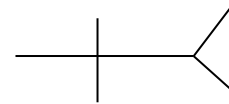
**Significant Test Results:-**

B12	Ca	HbA1c
TSH	PO4	
PTH	Vit D	

CBC



Kft



Neuroimaging: CT/MRI

Last DEXA scan:

**Recommendations:**

Issues	Recommendations

Physicians Name/ Signature: -----

PGY-----