



Comprehensive Geriatric Assessment (Page 1/5)

Date of Consultation: _____ Completed By: _____

Addressograph

Source of Collateral History: _____

ID

Age M
F

from: _____-storey house
apartment

lives with:

retirement home | supportive housing
long term care | rehabilitation hospital

Languages (in order of proficiency): _____

HPI



SHx

birthplace highest level of education yr arrived in Canada

Addressograph occupational history (detailed enough to help inform interpretation of cognitive testing)

marital status # children SDM/POA

Supports in the Home:

Functional Hx

Table with columns: ambulation/gait aids, stairs, transfers, toileting, dressing, bathing, feeding, Indep, Supervision, Assist, Dep, and activity categories like groceries, meal prep, laundry/cleaning, transport, banking, scheduling.

Geriatric ROS

cognition
'Have you had any changes in your memory?'
'During your last surgery/hospitalization, with the illness and the medications, did you have a period when your thinking became cloudy or confused? Tell me more about what happened...'
 mood
'How is your mood?' If there are issues, explore if it is interfering with day-to-day activities, explore whether or not they still experience joy when doing things they used to enjoy, etc. Explore if any personal/family Hx of mental health issues.
 sleep
'How is your sleep?' 'At what time do you usually go to bed? How long until you fall asleep? Do you wake up in the middle of the night? Do you fall back asleep quickly? At what time do you wake up? Do you feel well-rested when you awake in the morning?'
 vision
'When did you last have your vision checked?' 'Do you wear glasses (distance vs. reading)' 'Have you had cataract Sx?'
 hearing
'Do you have any concerns about your hearing?' 'When was the last time you had your hearing checked?'
 dentition/nutrition/weight
'How is your appetite?' 'Has your weight been changing?' 'Any issues with your teeth?'
 lower GI
'How often do you have a bowel movement?' 'Is there a lot of straining?' 'Do you every have blood in the stools or very black stools?'
 GU
'Any issues with peeing?' 'Any burning when you pee? Do you find you're going often? Does it come urgently?' 'Any leaking or dribbling -- if yes, then do you wear pads or special briefs?'
 pain
 falls
'Have you had any falls? Tell me what happened...' 'Have you ever almost-fallen?'



Physical Examination

supine: / HR
standing: / HR RR _____ % on _____ Temp _____
O2 sat

General

H&N

CVS

Resp

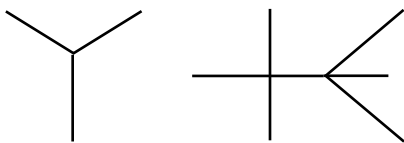
Abdo

MSK

Derm

INV

MCV:



ECG _____ :
date

CXR _____ :
date

Ca:
Alb:
Mg:
Phos:
Trop:
TSH:
B12:

Neuro

CN:

pupils EOM CN7 palate CN11 tongue

Muscle bulk, Abnormal movements:

Tone:

Power:

Reflexes: tric bic brach pat ankle plantar

R						
L						

Light touch, Proprioception:

Coordination, Gait:

ELDER ABUSE SUSPICION INDEX © (EASI)

(for reference, if relevant to the case)

EASI Questions			
Q.1-Q.5 asked of patient; Q.6 answered by doctor (Within the last 12 months)			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure



Mental Status Examination

Consider any relevant comments on appearance, behavior, mood and affect, speech, thought process/content, perceptions, cognition, insight, judgment

Issues & Recommendations

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495

© 2007-2009 Version 1.2. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada. Permission granted to copy for research and educational purposes only.

