# Comprehensive Geriatric Assessment

Division of Geriatric Medicine, Dalhousie University

**Cognitive Status** ☐ WNL ☐ Dementia MMSE: _____ ☐ CIND/MCI ☐ Delirium FAST: _____ ☐ Chief lifelong occupation: Education (years): _____

**Emotional** ☐ WNL ☐ ? Mood ☐ Depression ☐ Anxiety ☐ Fatigue ☐ Other

**Motivation** ☐ High ☐ Usual ☐ Low **Health Attitude** ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Couldn't say

**Communication** **Speech** ☐ WNL ☐ Impaired **Hearing** ☐ WNL ☐ Impaired **Vision** ☐ WNL ☐ Impaired

**Strength** ☐ WNL ☐ Weak Upper: PROXIMAL DISTAL Lower: PROXIMAL DISTAL

| | | BASELINE (two weeks ago) | CURRENT (today) | NOTES |
|---|---|---|---|---|
| **Mobility** | Transfer | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Walking AID | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| **Balance** | Balance | WNL | WNL | |
| | Falls | N Y Number | N Y Number | |
| **Elimination** | Bowel | CONT CONSTIP INCONT | CONSTIP CONT INCONT | |
| | Bladder | CONT CATHETER INCONT | CATHETER CONT INCONT | |
| **Nutrition** | Weight | GOOD UNDER OVER OBESE | STABLE LOSS GAIN | |
| | Appetite | WNL FAIR POOR | WNL FAIR POOR | |
| **ADLs** | Feeding | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Bathing | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Dressing | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Toileting | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| **IADLs** | Cooking | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Cleaning | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Shopping | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Medications | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Driving | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |
| | Banking | I ☐ A ☐ D ☐ | I ☐ A ☐ D ☐ | |

**Sleep** ☐ Normal ☐ Disrupted ☐ Daytime drowsiness **Socially Engaged** ☐ Freq. ☐ Occ. ☐ Not

**Social** ☐ Married ☐ Divorced ☐ Widowed ☐ Single

**Lives** ☐ Alone ☐ Spouse ☐ Other

**Home** ☐ House (levels___) ☐ Steps (number___) ☐ Apartment ☐ Assisted living ☐ Nursing home ☐ Other

**Supports** ☐ Informal ☐ HCNS ☐ Other ☐ None ○ **Req. more support**

**Caregiver relationship** ☐ Spouse ☐ Sibling ☐ Offspring ☐ Other

**Caregiver stress** ☐ None ☐ Low ☐ Moderate ☐ High

Caregiver occupation:(CG) _____

**Patient contact: (Pt.)**

☐ Inpatient
☐ Clinic
☐ GDH
☐ NH
☐ Outreach
☐ Home
☐ Assisted living
☐ ER
☐ Other

**How many months since last well?**

**Current Frailty Score:**

| Score | Pt. | CG |
|---|---|---|
| 1. Very fit | | |
| 2. Well | | |
| 3. Well c̄ Rx'd co-morbid disease | | |
| 4. Apparently vulnerable | | |
| 5. Mildly frail | | |
| 6. Moderately frail | | |
| 7. Severely frail | | |
| 8. Terminally ill | | |

**ACTION REQUIRED (check appropriate circles)**

| Problems: | Med adjust req. | Associated medications: (*mark meds started in hospital with an asterisk) |
|---|---|---|
| 1 _____ | ○ | _____ |
| 2 _____ | ○ | _____ |
| 3 _____ | ○ | _____ |
| 4 _____ | ○ | _____ |
| 5 _____ | ○ | _____ |
| 6 _____ | ○ | _____ |
| 7 _____ | ○ | _____ |
| 8 _____ | ○ | _____ |
| 9 _____ | ○ | _____ |
| 10 _____ | ○ | _____ |

Assessor/Physician: currentUser Date: currentDate.short