## Comprehensive Geriatric Assessment Form

### Patient Contact (PL):
- Inpatient
- Clinic
- GDH
- NH
- Outreach
- Home
- Assisted Living
- ER
- Other

### Current Frailty Score:
- Scale: PL CG
- 1. Very fit
- 2. Well
- 3. PD&C or co-morbid disease
- 4. Apparently vulnerable
- 5. Mildly frail
- 6. Moderately frail
- 7. Severe frailty
- 8. Very severely ill
- 9. Terminally ill

### How Many Months Since Well?

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### Action Required (check appropriate circles)

### Social
- Married
- Divorced
- Widowed
- Single
- Lives
- Alone
- Spouse
- Other
- Advance directive in place?
- Yes
- No

### Medical Adjustment Request
- Home
- Hospital

### Associated Medication
- ER
- Other

### Caregiver Occupation
- (CG)

### Support
- Infor
- HCNS
- Offspring
- Other
- None

### Code Status
- Do not resuscitate
- Resuscitate

### Socially Engaged
- No
- Yes

### Daytime Drowsiness
- No
- Yes

### Sleep
- Normal
- Disrupted

### Appetite
- Stable
- Loss
- Gain

### Weight
- GOOD
- UNDER
- OVER
- OBESE

### Cognitive Status
- Dementia
- CIND/MCI
- Delirium
- MMSE
- FAST

### Emotional
- Mood
- Depression
- Anxiety
- Fatigue
- Other

### Communication
- Speech
- Hearing
- Vision

### Mood
- None
- Low
- Moderate
- High

### Eating
- Map
- Food
- Other

### Transfers
- IND
- ASST
- DEP

### Walking
- IND
- ASST
- DEP

### Balance
- WNL
- Impaired

### Chief Long-term Occupation

### Mobility
- Mobility
- Balance
- Falls

### Elimination
- Bowel
- Bladder
- CATHETER

### Nutrition
- Appetite
- WNL
- UNDER
- FAIR
- OBESE

### Activities of Daily Living (ADLs)
- Feeding
- Bathing
- Dressing
- Toileting

### Basic ADLs
- IND
- ASST
- DEP

### IADLs
- Cooking
- Cleaning
- Shopping
- Meds
- Driving
- Bank

### Inpatient
- Inpatient
- Clinic
- GDH
- NH
- Outreach
- Home
- Assisted Living
- ER
- Other

### Generals
- (GDH)

### Assessment Forms
- CD0184MR_02_12

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Assessor/Physician: ____________________  Date: ________________

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