

Interdisciplinary Geriatric Assessment Form: Home Health

PATIENT/CLIENT NAME: Ames, Adam		Date/Time	
Medical Admitting diagnosis <input checked="" type="radio"/> BK amputation Change in diagnosis (describe) Comorbidities SP kidney transplant retinopathy		Respiratory Therapy Issues (describe) Smoking Status Smoking History RT Treatments at Home	
Code Status Admitted from		OSA Current <input checked="" type="radio"/> Former Never DK 20+ # cigs/day x 30 yrs <input checked="" type="radio"/> N Unsure	
RA DJD COPD <input checked="" type="radio"/> DM Other CAD, PVD		Home CPAP RT Referral indicated? <input checked="" type="radio"/> N Unsure	
DNR <input checked="" type="radio"/> Full Code Home SNF ICF hospital		Occupational Therapy Issues (describe) ADL/IADL limitations Home evaluation? Assistive devices Wheeled mobility intervention Psycho-social needs UE functional limitations	
Diagnostic tests scheduled (describe)		<input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure	
Planned discharge to <input checked="" type="radio"/> Home SNF ICF Assisted Living Adult Day Care Other		Referral indicated? <input checked="" type="radio"/> N Unsure	
Family contact made <input checked="" type="radio"/> Y N		Physical Therapy Issues (describe) Mobility/gait Balance Flexibility Strength/endurance	
# days until discharge 56		<input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure <input checked="" type="radio"/> N Unsure	
# of previous admissions 0		Home eval Referral indicated? <input checked="" type="radio"/> N Unsure	
Nursing Dementia Y <input checked="" type="radio"/> Unsure Confusion Y <input checked="" type="radio"/> Unsure Disorientation Y <input checked="" type="radio"/> Unsure Delirium Y <input checked="" type="radio"/> Unsure Pain No <input checked="" type="radio"/> Mild Moderate Severe IVF's Y <input checked="" type="radio"/> O2 Y <input checked="" type="radio"/> Edema Y <input checked="" type="radio"/> Lung sounds <input checked="" type="radio"/> Clear Other Dehydrated Y <input checked="" type="radio"/> Incontinence Urine Stool Last BM AM Skin problems (describe) Feet		Psychology Issues (describe) Depressed mood Y <input checked="" type="radio"/> Unsure Anxiety Y <input checked="" type="radio"/> Unsure Sleep/appetite difficulties Y <input checked="" type="radio"/> Unsure Poor motivation Y <input checked="" type="radio"/> Unsure Memory problems Y N <input checked="" type="radio"/> Unsure Behavioral problems Y <input checked="" type="radio"/> Unsure Social support issues Y <input checked="" type="radio"/> Unsure TIA residual ? Referral indicated? <input checked="" type="radio"/> N Unsure	
Dietary Diet orders (describe) 2400 calorie ADA w/ 3 gm sodium Eating problems Y N NPO Dietary Recommendations 3 meals / 3 snacks		Speech Therapy Issues (describe) Hearing Y N Unsure Speech Y N <input checked="" type="radio"/> Unsure Language comprehension & expression Y N <input checked="" type="radio"/> Unsure Swallowing Y N Unsure	
Pastoral Care continue to make services available		Problems continued? Continue to monitor Referral indicated? Y N <input checked="" type="radio"/> Unsure	
Pharmacy Immunosuppressants, Insulin, etc. see below* Number of drugs (Rx + OTC) Medication change needed? Y <input checked="" type="radio"/> Unsure Drugs discussed		Social Work Issues (describe) Maintain community support services Referral indicated? Continue <input checked="" type="radio"/> N Unsure	

*Fludrocortisone, PPI-Proton pump inhibitor, stool softener, Magnesium oxide, enteric-coated Aspirin & Multivitamin

This form was created by the Certification in Interdisciplinary Geriatric Assessment Program (CIGAP), School of Health Professions, University of Missouri-Columbia. CIGAP is a federally-funded grant by HRSA, # HP00880.

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Immediate Concerns/Suggestions:

1. Maximize safety and independence in home.
2. Need to increase physical endurance and use of energy conservation strategies
3. Safety in ADL and IADL tasks within the home
4. Subtle memory deficits
4. Establish support services in the home
RN 3 x / week, PT 3 x / week, OT 3 x / week, HHA 5 x / week, MSW 1 x / week, psych 1 x / week,
meals on wheels daily, senior companion 2 x / week
5. Establish respiratory care equipment in the home.

Patient/family/stated outcome main concerns/suggestions:

Pt to remain at home safely as long as possible
Assess the stress associated with caregiving for Mrs. Ames

Proposed action plan:

1. Monitor closely for additional TIA, symptoms
2. RN and MSW to coordinate support services
3. Local respiratory services provider to set up, maintain, & monitor CPAP use at home.
4. Complete neuropsychological assessment.

Person responsible:

SW, RN, PT, OT

Completed by:

RN, SW, OT, PT, RT