

## Interdisciplinary Geriatric Assessment Form: Rehabilitation Treatment

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| PATIENT/CLIENT NAME:<br><b>Ames, Adam</b>                                  |  | Date/Time                           |  |
| <b>Medical</b>   | <input checked="" type="radio"/> BK amputation   | <b>Respiratory Therapy</b>          | Snoring, orthopnea, restlessness   |
| Admitting diagnosis  |  | Issues (describe)                   |  |
| Change in diagnosis (describe)   |  | Smoking Status                      | Current <input checked="" type="radio"/> Former <input type="radio"/> Never <input type="radio"/> DK |
| Comorbidities <b>SP kidney transplant retinopathy</b>                      | RA DJD COPD <input checked="" type="radio"/> DM<br>Other <b>CAD, PVD</b>                 | Smoking History                     | 20+ # cigs/day x 30 yrs  |
| Code Status  | DNR <input checked="" type="radio"/> Full Code   | RT Treatments at Home               | Y <input type="radio"/> N <input checked="" type="radio"/> Unsure                                    |
| Admitted from  | Home SNF ICF<br><b>hospital</b>  | RT Referral indicated?              | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
| Diagnostic tests scheduled (describe)                                      |  | <b>Occupational Therapy</b>         |  |
|  |  | Issues (describe)                   |  |
| Planned discharge to   | <input checked="" type="radio"/> Home SNF ICF<br>Assisted Living<br>Adult Day Care Other | ADL/IADL limitations                | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
| Family contact made  | <input checked="" type="radio"/> Y <input type="radio"/> N                               | Home evaluation?                    | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
| # days until discharge   | <b>40</b>  | Assistive devices                   | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
| # of previous admissions   | <b>0</b>   | Wheeled mobility intervention       | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Psycho-social needs                 | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | UE functional limitations           | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Referral indicated?                 | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | <b>Physical Therapy</b>             |  |
|  |  | Issues (describe)                   |  |
|  |  | Mobility/gait                       | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Balance                             | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Flexibility                         | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Strength/endurance                  | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | <b>podiatrist &amp; orthotist</b>   |  |
|  |  | Referral indicated?                 | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | <b>Psychology</b>                   |  |
|  |  | Issues (describe)                   |  |
|  |  | Depressed mood                      | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Anxiety                             | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Sleep/appetite difficulties         | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Poor motivation                     | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Memory problems                     | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Behavioral problems                 | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Social support issues               | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | Referral indicated?                 | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
|  |  | <b>Speech Therapy</b>               |  |
|  |  | Issues (describe)                   |  |
|  |  | Hearing                             | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Speech                              | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Language comprehension & expression | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Swallowing                          | Y <input checked="" type="radio"/> N Unsure  |
|  |  | Referral indicated?                 | Y <input checked="" type="radio"/> N Unsure  |
|  |  | <b>Pastoral Care</b>                |  |
|  | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                        |                                     |  |
|  | <b>wife expressed interest to MSW</b>  |                                     |  |
|  |  | <b>Social Work</b>                  |  |
|  |  | Issues (describe)                   | <b>pt &amp; spouse plan for him to return home following rehabilitation.</b>                         |
|  |  | Referral indicated?                 | <input checked="" type="radio"/> Y <input type="radio"/> N Unsure                                    |
| <b>Dietary</b>   | <b>2400 calorie ADA w/ 3 gm sodium</b>   |                                     |  |
| Diet orders (describe)   |  |                                     |  |
| Eating problems  | Y <input checked="" type="radio"/> NPO   |                                     |  |
| Dietary Recommendations  | <b>3 meals / 3 snacks</b>  |                                     |  |
| <b>Nursing</b>   |  |                                     |  |
| Dementia   | Y <input checked="" type="radio"/> N Unsure  |                                     |  |
| Confusion  | Y <input checked="" type="radio"/> N Unsure  |                                     |  |
| Disorientation   | Y <input checked="" type="radio"/> N Unsure  |                                     |  |
| Delirium   | Y <input checked="" type="radio"/> N Unsure  |                                     |  |
| Pain   | No <input checked="" type="radio"/> Mild Moderate Severe                                 |                                     |  |
| IVF's  | Y <input checked="" type="radio"/> N   |                                     |  |
| O2   | Y <input checked="" type="radio"/> N   |                                     |  |
| Edema  | Y <input checked="" type="radio"/> N   |                                     |  |
| Lung sounds  | Clear <input checked="" type="radio"/> Other <b>Crackles</b>                             |                                     |  |
| Dehydrated   | Y <input type="radio"/> N  |                                     |  |
| Incontinence   | Urine Stool  |                                     |  |
| Last BM  | <b>AM</b>  |                                     |  |
| Skin problems (describe)   | <input checked="" type="radio"/> Feet  |                                     |  |
| <b>Small, grade 1, subungual abscess, medial aspect of the L great toe</b> |  |                                     |  |
|  |  |                                     |  |

\*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. Poor physical endurance
2. Distress 2° additional functional decline
3. Pt / family adjustment to disability & future planning assistance if needed
4. Safety issues in performance due to peripheral neuropathy and balance problems
5. Subungual abscess L great toe

### **Patient/family/stated outcome main concerns/suggestions:**

Pt & spouse are both concerned they cannot manage at home without assistance when he leaves the rehabilitation center

### **Proposed action plan:**

1. Continue followup by orthotist, podiatrist, & prosthetist, as needed
2. Psychological services offered to patient and his spouse
3. Pastoral services offered to patient and his spouse
4. Polysomnography testing

### **Person responsible:**

MSW: act as liaison between pastoral services & pt/spouse

### **Completed by:**

PT, OT, MSW, MD, dietitian, RN, psychology services