

## Interdisciplinary Geriatric Assessment Form

PATIENT/CLIENT NAME: Kell, Nancy		Date/Time	
<b>Medical</b> Admitting diagnosis Change in diagnosis (describe) Comorbidities <b>Panic attacks</b> Peptic ulcer disease Hearing loss S/P CVA with L hemiparesis S/P Osteopenia L hip		<b>Parkinson's Disease</b> RA DJD COPD DM Other <b>Hypothyroidism</b>	
Code Status Admitted from		DNR <input checked="" type="radio"/> Full Code <input checked="" type="radio"/> Home SNF ICF	
Diagnostic tests scheduled			
Planned discharge to		<input checked="" type="radio"/> Home SNF ICF Assisted Living Adult Day Care Other	
Family contact made		<input checked="" type="radio"/> Y N	
# days until discharge		N/A	
# of previous admissions		N/A	
<b>Nursing</b> Dementia Confusion <b>20/30 MMSE</b> Disorientation Delirium Pain Mild pain with palpation of L greater trochanter and hamstrings IVF's O2 Edema Lung sounds Dehydrated Incontinence Last BM Skin problems (describe)		Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure No <input checked="" type="radio"/> Mild Moderate Severe Y <input checked="" type="radio"/> N Y <input checked="" type="radio"/> N Y <input checked="" type="radio"/> N Clear Other Y <input checked="" type="radio"/> N Urine Stool Yesterday Feet	
<b>Dietary</b> Diet orders (describe) Eating problems Dietary Recommendations allergic to tomatoes		diabetic Y <input checked="" type="radio"/> NPO	
<b>Pastoral Care</b> per daughter's request		<input checked="" type="radio"/> Y N Unsure	
<b>Pharmacy</b> Carbidopa-Levodopa 50/200 tid, Calcium 750 mg bid, Vit D 400 IU qd, etc. see below* Number of drugs (Rx + OTC) Medication change needed? Drugs discussed		Y <input checked="" type="radio"/> N Unsure	
		<b>Respiratory Therapy</b> Issues (describe) Smoking Status Smoking History RT Treatments at Home RT Referral indicated?	
		Current Former <input checked="" type="radio"/> Never DK # cigs/day x yrs Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure	
		<b>Occupational Therapy</b> Issues (describe) ADL/IADL limitations Home evaluation? Assistive devices Wheeled mobility intervention Psycho-social needs UE functional limitations Referral indicated?	
		Y N Unsure Y N Unsure Y N <input checked="" type="radio"/> Unsure Y N <input checked="" type="radio"/> Unsure Y N Unsure Y N Unsure Y N Unsure	
		<b>Physical Therapy</b> Issues (describe) Mobility/gait wide based & unsteady Balance Flexibility Strength/endurance Referral indicated?	
		Y N Unsure Y N Unsure Y N Unsure Y N Unsure Y N Unsure	
		<b>Psychology</b> Issues (describe) Depressed mood <b>9/16 GDS</b> Anxiety Sleep/appetite difficulties Poor motivation Memory problems Behavioral problems Social support issues Referral indicated?	
		Y N Unsure Y N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure	
		<b>Speech Therapy</b> Issues (describe) Hearing Hearing aid L ; deaf R Speech Language comprehension & expression Swallowing Referral indicated?	
		Y N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure Y <input checked="" type="radio"/> N Unsure	
		<b>Social Work</b> Issues (describe) <b>Daughter requests assistance for caregiver and end-of-life issues</b> Referral indicated?	
		Y N Unsure	

\*Levothyroxine sodium 0.05 mg sid, Pergolide Mesylate 2 tablets of 0.05mg bid, Aspirin

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:***

"Panic attacks"  
Increased caregiver burden for spouse  
Depression  
End stage Parkinson's disease

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

Mr. Kell is the primary caregiver and is expressing concern as to his ability to continue in that role  
Daughter has requested social work and clergy involvement to assist family with caregiver assistance  
and end-of-life issues

***Proposed action plan:***

Refer to psychological services, occupational therapy, physical therapy, social work, and  
clergy through home health agency

***Person responsible:***

SW--> initiate contact with home health agency

***Completed by:***

SW, MD, OT, PT, health psychology, clergy