

Interdisciplinary Geriatric Assessment Form

PATIENT/CLIENT NAME:		Date/Time		
Medical		Respiratory Therapy		
Admitting diagnosis		Issues (describe)		
Change in diagnosis (describe)		Smoking Status	Current	Former
Comorbidities	RA DJD COPD DM Other _____	Smoking History	# cigs/day x yrs	
		RT Treatments at Home	Y	N
Code Status	DNR Full Code		Unsure	
Admitted from	Home SNF ICF	RT Referral indicated?	Y	N
			Unsure	
Diagnostic tests scheduled (describe)		Occupational Therapy		
		Issues (describe)		
		ADL/IADL limitations	Y	N
		Home evaluation?	Y	N
		Assistive devices	Y	N
		Wheeled mobility intervention	Y	N
		Psycho-social needs	Y	N
		UE functional limitations	Y	N
			Unsure	
Planned discharge to	Home SNF ICF Assisted Living Adult Day Care Other	Referral indicated?	Y	N
Family contact made	Y N		Unsure	
# days until discharge		Physical Therapy		
# of previous admissions		Issues (describe)		
		Mobility/gait	Y	N
		Balance	Y	N
		Flexibility	Y	N
		Strength/endurance	Y	N
			Unsure	
		Referral indicated?	Y	N
			Unsure	
Nursing		Psychology		
Dementia	Y N Unsure	Issues (describe)		
Confusion	Y N Unsure	Depressed mood	Y	N
Disorientation	Y N Unsure	Anxiety	Y	N
Delirium	Y N Unsure	Sleep/appetite difficulties	Y	N
Pain	No Mild Moderate Severe	Poor motivation	Y	N
IVF's	Y N	Memory problems	Y	N
O2	Y N	Behavioral problems	Y	N
Edema	Y N	Social support issues	Y	N
Lung sounds	Clear Other		Unsure	
Dehydrated	Y N	Referral indicated?	Y	N
Incontinence	Urine Stool		Unsure	
Last BM		Speech Therapy		
Skin problems (describe)	Feet	Issues (describe)		
		Hearing	Y	N
		Speech	Y	N
		Language comprehension	Y	N
		& expression	Y	N
		Swallowing	Y	N
			Unsure	
		Referral indicated?	Y	N
			Unsure	
Dietary		Social Work		
Diet orders (describe)		Issues (describe)		
Eating problems	Y N NPO			
Dietary Recommendations		Referral indicated?	Y	N
			Unsure	
Pastoral Care	Y N Unsure			
		Pharmacy		
Number of drugs (Rx + OTC)		Issues (describe)		
Medication change needed?	Y N Unsure			
Drugs discussed		Referral indicated?	Y	N
			Unsure	

This form was created by the Certification in Interdisciplinary Geriatric Assessment Program (CIGAP), School of Health Professions, University of Missouri-Columbia . Last revised 2004. See website <http://www.muciga.org>
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Immediate Concerns/Suggestions:

Patient/family/stated outcome main concerns/suggestions:

Proposed action plan:

Person responsible:

Completed by: