

# Comprehensive Geriatric Assessment

Clinical Frailty Score (Rockwood Scale): \_\_\_\_\_

## Patient Contact

- Home
- Care Home
- GP
- OPD
- ED Frailty

## Patient's Details

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

GP Practice: \_\_\_\_\_

### Cognition

- Within Normal Limits
- Mild Cognitive Impairment
- Dementia
- Delirium
- Abbreviated Mental test (AMT) Score: \_\_\_\_\_
- Mental Capacity Assessment Required

Main Lifelong Occupation:

\_\_\_\_\_

### Emotional

- Within Normal Limits
- Decreased Mood
- Depression
- Anxiety
- FAtigue
- Hallucination
- Delusion
- Other: \_\_\_\_\_

<p><b>Motivation</b></p> <p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Usual</p> <p><input type="checkbox"/> Low</p>	<p><b>Health Attitude</b></p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Couldn't Say</p>
<p><b>Communication</b></p> <ul style="list-style-type: none"><li>• <b>Speech</b></li></ul> <p><input type="checkbox"/> Within Normal Limits</p> <p><input type="checkbox"/> Impaired</p> <ul style="list-style-type: none"><li>• <b>Hearing</b></li></ul> <p><input type="checkbox"/> Within Normal Limits</p> <p><input type="checkbox"/> Impaired</p> <ul style="list-style-type: none"><li>• <b>Vision</b></li></ul> <p><input type="checkbox"/> Within Normal Limits</p> <p><input type="checkbox"/> Impaired</p> <ul style="list-style-type: none"><li>• <b>Understanding</b></li></ul> <p><input type="checkbox"/> Within Normal Limits</p> <p><input type="checkbox"/> Impaired</p>	<p><b>Strength</b></p> <p><input type="checkbox"/> Within Normal Limits</p> <p><input type="checkbox"/> Weak</p> <ul style="list-style-type: none"><li>• <b>Upper</b></li></ul> <p><input type="checkbox"/> Proximal</p> <p><input type="checkbox"/> Distal</p> <ul style="list-style-type: none"><li>• <b>Distal</b></li></ul> <p><input type="checkbox"/> Proximal</p> <p><input type="checkbox"/> Distal</p>
<p><b>Exercise</b></p> <p><input type="checkbox"/> Frequent</p> <p><input type="checkbox"/> Occasional</p> <p><input type="checkbox"/> Not</p>	

Baseline (Two Weeks Ago)	Current (Today)
<p><b>Balance</b></p> <ul style="list-style-type: none"> <li>• <b>Balance</b></li> <li><input type="checkbox"/> Within Normal Limits</li> <li><input type="checkbox"/> Impaired</li> <li>• <b>Falls</b></li> <li><input type="checkbox"/> Falls, Number: _____</li> </ul>	<p><b>Balance</b></p> <ul style="list-style-type: none"> <li>• <b>Balance</b></li> <li><input type="checkbox"/> Within Normal Limits</li> <li><input type="checkbox"/> Impaired</li> <li>• <b>Falls</b></li> <li><input type="checkbox"/> Falls, Number: _____</li> </ul>
<p><b>Mobility</b></p> <ul style="list-style-type: none"> <li>• <b>Walk Inside</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Slow</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Can't</li> <li>• <b>Walk Outside</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Slow</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Can't</li> <li>• <b>Transfers</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Standby</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Dependent</li> <li>• <b>Bed (In/Out)</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Pull</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Dependent</li> </ul>	<p><b>Mobility</b></p> <ul style="list-style-type: none"> <li>• <b>Walk Inside</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Slow</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Can't</li> <li>• <b>Walk Outside</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Slow</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Can't</li> <li>• <b>Transfers</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Standby</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Dependent</li> <li>• <b>Bed (In/Out)</b></li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Pull</li> <li><input type="checkbox"/> Assisted</li> <li><input type="checkbox"/> Dependent</li> </ul>

• **Aid Use**

- None
- Stick
- Frame
- Chair

• **Aid Use**

- None
- Stick
- Frame
- Chair

**Nutrition Weight**

- Normal
- Under
- Over
- Obese

**Appetite**

- Within Normal Limits
- Fair
- Poor

**Swallow**

- Within Normal Limits
- Impaired Fluids
- Impaired Solids

**Nutrition Weight**

- Normal
- Under
- Over
- Obese

**Appetite**

- Within Normal Limits
- Fair
- Poor

**Swallow**

- Within Normal Limits
- Impaired Fluids
- Impaired Solids

**Elimination**

• **Bowel**

- Continent
- Constipated
- Incontinent

• **Bladder**

- Continent
- Catheter
- Incontinent

**Elimination**

• **Bowel**

- Continent
- Constipated
- Incontinent

• **Bladder**

- Continent
- Catheter
- Incontinent

**ADLs****• Feeding**

- Independent
- Assisted
- Dependent

**• Bathing**

- Independent
- Assisted
- Dependent

**• Dressing**

- Independent
- Assisted
- Dependent

**• Toileting**

- Independent
- Assisted
- Dependent

**ADLs****• Feeding**

- Independent
- Assisted
- Dependent

**• Bathing**

- Independent
- Assisted
- Dependent

**• Dressing**

- Independent
- Assisted
- Dependent

**• Toileting**

- Independent
- Assisted
- Dependent

**IADLs****• Cooking**

- Independent
- Assisted
- Dependent

**• Cleaning**

- Independent
- Assisted
- Dependent

**• Shopping**

- Independent

**IADLs****• Cooking**

- Independent
- Assisted
- Dependent

**• Cleaning**

- Independent
- Assisted
- Dependent

**• Shopping**

- Independent

- Assisted
- Dependent
- Medications**
- Independent
- Assisted
- Dependent

- Driving**
- Independent
- Assisted
- Dependent

- Banking**
- Independent
- Assisted
- Dependent

- Assisted
- Dependent
- Medications**
- Independent
- Assisted
- Dependent

- Driving**
- Independent
- Assisted
- Dependent

- Banking**
- Independent
- Assisted
- Dependent

### Sleep

- Disrupted
- Daytime Drowsiness

### Socially Engaged

- Frequent
- Occasional
- Not

### Social

- Marital Status**
- Married
- Divorced
- Widowed
- Single

- **Lives**

- Alone
- Spouse
- Other

- **Home**

- House, Number of Levels: \_\_\_\_\_
- Steps, Number of Steps: \_\_\_\_\_
- Apartment
- Supported Living
- Care Home
- Other

- **Supports**

- Informal
- Other
- Requires More Support
- None

- **Caregiver Relationship**

- Spouse
- Sibling
- Offspring
- Other

- **Caregiver Stress**

- None
- Low
- Moderate
- High

- **Caregiver Occupation:** \_\_\_\_\_

**Advance Directive in Place:**

- Yes
- No

**CPR Decision:**

- Allow a natural death
- Resuscitate

**Assessor: (Name, Grade & Signature):**

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Initial Comprehensive Geriatric Assessment Form**

Associated Medication \*(Mark meds started in hospital with an asterisk) - Consider STOPP / START

Medication	Dose	Date Commenced

	Problem List	Action Required	Action By
1			
2			
3			
5			
6			



7			
8			
9			
10			

Long Term Conditions	
1.	
2.	
3.	
4.	
5.	

## Notes

- For MDT discussion, consider long CGA
- Long CGA not required, copy of Clinical Frailty score to GP

## Outpatient Appointments

Department	Date and Time

**Assessor: (Name, Grade & Signature):**

\_\_\_\_\_

**Date:** \_\_\_\_\_