

Geriatric Functional Assessment Form

Name:

Date:

Target Area	Assessment	NotD one	NI	Abn
A ctivities of Daily Living (ADL's)	"ABCDE -TT": Check "Abn" if needs help with: <div style="margin-left: 100px;"> Ambulation Bathing/grooming Continenence Dressing Eating Toileting Transferring </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>
Instrumental A DL's	"SHAFT-TT": Check "Abn" if needs help with: <div style="margin-left: 100px;"> Shopping Housework Accounting/Finance Food preparation Taking medications Telephone use Transportation </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ </div>
M obility	"Abn" if : 2 or more falls in the past year? "Get Up and Go" Test "Abn" if: Timed three chair stands > 10 s Shoulder Function: "Touch back of head with both hands" Hand Function: "Pick up pen from table" Pinch strength Grasp strength Functional Reach (Normal is ≥ 7 in.)	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ £ £ £ £ £ £ </div>
C ognitive Function	Spell "WORLD" Backwards & 3-Item Recall Clock-drawing test MMSE Score = /30 Functional Activities Questionnaire (FAQ) = /30 Confusion Assessment Method (CAM): 1. Acute onset, fluctuating course 2. Inattention - digit span 3. Disorganized Thinking 4. Altered level of consciousness	<div style="margin-left: 100px;"> £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ £ </div>
V ision	Read newspaper headline Read fine print Snellen/Jaeger chart: OD = 20/ (With corrective lens) OS = 20/	<div style="margin-left: 100px;"> £ £ </div>	<div style="margin-left: 100px;"> £ £ </div>	<div style="margin-left: 100px;"> £ £ </div>
H earing	Check ears for cerumen impaction Check hearing aids Finger rub or Whisper test - R Finger rub or Whisper test - L	<div style="margin-left: 100px;"> £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ </div>	<div style="margin-left: 100px;"> £ £ £ £ </div>

Target Area	Assessment	NotD one	NI	Abn
Continence	"Abn" if: "In a typical week do you lose control of urine and wet yourself?" If "Abn", detailed hx/PE; "UFO"S" and "DIAPPERS"	£ £	£	£
Nutrition	Ask about unintentional weight loss: "Abn" if : ≥5 lbs in 3 months "Abn" if: ≥10 lbs in 6 months Weight (lbs) = Height (in) = BMI = BMI <22 BMI >27	£ £ £ £ £	£ £ £ £	£ £ £ £
Depression	Ask: "Do you ever feel sad?" <u>If "pos" do "SIG: E-CAPS":</u> Sleep disorder Loss of Interests (anhedonia) Feelings of Guilt Lack of Energy Lack of Concentration Loss or increase in Appetite Psychomotor retardation or activation Suicidal ideation Geriatric Depression Scale = /30 (score >12 may indicate depression)	£ £	£ £ £ £ £ £ £ £ £ £	£ £ £ £ £ £ £ £ £ £
Alcohol Consumption	Ask: "how much alcohol do you drink" <u>CAGE Questionnaire:</u> Ever tried to Cut down? Ever felt Annoyed by criticism of your drinking? Ever felt Guilty about drinking? Ever have an Eye-opener (morning drink)?	£ £	£ £ £ £	£ £ £ £
Adv. Directives	"Abn" if: No living will, medical Rx plan, or DPA for health care	£	£	£
Needs Assessment	<u>Recommendations:</u> PT referral OT referral Dental referral Podiatry referral Ophthal/Optometry referral Audiology referral Psychometric testing Home Health referral Falls Prevention Clinic Incontinence Clinic Provide Advanced Directives information Comprehensive Geriatric Assessment Referral Case management referral Other (describe below):	£ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £		

Signed: _____