COACH
Connecticut Older Adult Collaboration for Health

GERIATRIC ASSESSMENT FORM

Date: _____ Pt. ID # _____

Patient Name: _____ DOB ___ /____ / ____

Please check who is answering the following questions: Patient: ☐ Other: ☐

Name and Relationship_____

What is your most important reason for today's visit: _____

Fall ☐ Wt. Loss ☐ Meds ☐ Memory ☐ Depression ☐ Activity ☐ Constipation ☐ Urination ☐

Have you had any falls in the last year? Yes ☐ No ☐

How many times have you fallen? _____

Does it interfere with work or other activities? Yes ☐ No ☐

Have you lost more than 10 pounds in the past 6 months? Yes ☐ No ☐

If yes, approximately how much? _____

Are you able to take all the medications that have been recommended for you? Yes ☐ No ☐

If not, why are you unable to take all your medications? _____

_____

Do you have any concerns about memory or ability to think clearly? Yes ☐ No ☐

If yes, explain _____

During the past month, have you been bothered by feeling down, depressed or hopeless?

Yes ☐ No ☐

During the past month, have you been bothered by little interest or pleasure in doing things?

Yes ☐ No ☐

(please enter PHQ in Centricity)

GERIATRIC ASSESSMENT

Can the patient perform Activities of Daily Living (ADL)?

ADL	Without Difficulty or Help	With Some Help	Completely Unable	Not Sure
Bathing				
Dressing				
Grooming				
Feeding				
Toileting				
Transfers				

Can the patient perform Instrumental Activities of Daily Living (IADL)?

IADL	Without Difficulty or Help	With Some Help	Completely Unable	Not Sure
Using the telephone				
Laundry				
Preparing meals				
Housekeeping				
Handling own money				
Administering own medication				
Grocery shopping				
Driving & transportation				

(Please enter ADL's and IADL's into Centricity Geriatric Assessment)

Vital Signs: Orthostatic Blood Pressures

(After sitting or lying down 5 min.) BP _____ /____ Pulse _____

(After Standing 3 min.) BP _____/_____ Pulse _____

Temp. _____ Height _____ Weight _____

(Please enter orthostatic vital signs into health record)