

Long-Term Care Comprehensive Geriatric Assessment Form

WNL = Within Normal Limits ASST = Assisted IND = Independent DEP = Dependent Cr Cl/eGFR:						
Chief lifelong occupation: Education: (year						
Cognitive Status Emotional Under Company Depression Under Company Behaviours □ WNL □ WNL □ Wnood □ Verbal □ Verbal □ Depression □ Anxiety □ Verbal					Non-aggressive Aggressive Non-aggressive	Infection Control ☐ MRSA ☐ VRE ☐ Flu shot given ☐ Pneumococcal vaccine given ☐ TB test done ☐ Tetanus/Diphteria
Communication:					Footcare needed	Dental care needed
Speech Hearing Vision						
□ WNL					Skin Integrity Iss	ues
☐ Impaired ☐ Impaired ☐ Y ☐ N						
Strength ☐ WNL ☐ Weak Upper: PROXIMAL DISTAL R L Lower: PROXIMAL DISTAL R L					Legal NoK: Advanced Directives	
Mobility	Transfers Walking Aid	IND IND Slow	ASST v ASST	Dep Dep	Code Status	ives III II N
Balance	Balance	WNL	WNL Impaired		☐ Do Not Attempt to Resuscitate	
	Falls	N Y Frequency		☐ Do Not Hospitalize		
Elimination	Bowel Bladder	CONSTIP CATHETER	CONT	INCONT	☐ Resuscitate	F 9.64
Nutrition	Weight	STABLE	LOSS	GAIN	Marital Status ☐ Married	Family Stress ☐ None
1,0001001	Appetite	WNL	FAIR	POOR	Divorced	☐ Low
	Feeding	IND	ASST	Dep	☐ Widowed	☐ Moderate
ADLs	Bathing	IND	ASST	Dep	☐ Single	☐ High
	Dressing	IND	ASST	Dep	8	— <i>6</i>
Toileting IND ASST Dep Problems/Past history Medication adjustment required. Associated Medication						
1						
2						
3						
4 O						
5						
6						
7						
8						
9						
10 O						
11 O						
13 O						
14 O						
15 O						
Current Frailty Score Scale						
1. Mildly frail 2. Moderately frail 3. Severely frail 4. Very severely ill 5. Terminally ill						
Physician:						Date:
CD0184MR_06_ YYYYMMDD						