



Long-Term Care Comprehensive Geriatric Assessment Form

WNL = Within Normal Limits ASST = Assisted
IND = Independent DEP = Dependent

Cr Cl/eGFR: _____

Chief lifelong occupation: _____ Education: (years) _____

Form containing sections: Cognitive Status, Emotional, Behaviours, Infection Control, Communication, Footcare needed, Dental care needed, Skin Integrity Issues, Strength, Legal NoK, Advanced Directives, Code Status, Marital Status, Family Stress, Mobility, Balance, Elimination, Nutrition, ADLs.

Problems/Past history Medication adjustment required. Associated Medication
1. _____ O _____
2. _____ O _____
3. _____ O _____
4. _____ O _____
5. _____ O _____
6. _____ O _____
7. _____ O _____
8. _____ O _____
9. _____ O _____
10. _____ O _____
11. _____ O _____
12. _____ 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: _____