

**TWO PAGE SIMPLE GERIATRIC SCREEN****Patient Name** \_\_\_\_\_**Date** \_\_\_\_\_**Source:** Pt \_\_\_\_\_ Other \_\_\_\_\_

	<b>Abnormal</b>	<b>Action</b>	<b>Result and Comments</b>
<b>HISTORY ITEMS</b>			
"Have you had any falls in the last year?"	Yes	Tinetti or other gait assessment Further exam, Home eval & PT Consider osteoporosis risk	_____
"Do you have trouble with stairs, lighting, bathroom, or other home hazards?"	Yes to any	Home eval &/or PT	_____
"Do you have a problem with urine leaks or accidents?"	Yes	Rule out reversible (DIAPPERS) History (stress, urge), exam, PVR	_____
"Over the past month, have often been bothered by feeling sad, depressed, or hopeless?" "During the past month, have you often been bothered by little interest or pleasure in doing things?"	Yes to either	GDS or other depression assessment	_____
Do you ever feel unsafe where you live? Does anyone threaten you or hurt you?	Yes	Explore further, social work, APS	_____
Is pain a problem for you?	Yes	Comments	_____

Do you have any problems with any of the following areas? Who assists?/ do you use any devices? (for "yes" answers, consider causes, social services and/or home eval/PT/OT)

Doing strenuous activities like fast walking/bicycling?	Yes ____	No ____
Cook	Yes ____	No ____
Shop	Yes ____	No ____
Do heavy housework like washing windows	Yes ____	No ____
Do laundry	Yes ____	No ____
Get to a place beyond walking distance by driving or taking a bus	Yes ____	No ____
Manage finances	Yes ____	No ____
Get out of bed/transfer	Yes ____	No ____
Dress	Yes ____	No ____
Toilet	Yes ____	No ____
Eat	Yes ____	No ____
Walk	Yes ____	No ____
Bathe (sponge bath, tub, or shower)	Yes ____	No ____

<b>SIMPLE GERIATRIC SCREEN (continued)</b>	<b>Abnormal</b>	<b>Action</b>	<b>Comments</b>
Review medications that patient brought in	Confusion about meds > 5 meds Doesn't bring in	Consider simplification Medi-set or other aid Consider	_____
<b>PHYSICAL EXAM ITEMS</b> <b>(the next few items will be performed by nursing staff in some settings)</b>			
Weight/BMI And ask "have you lost weight?" If so, how much?	BMI <21 Loss of 5%	Alert provider Or Nutrition eval Consider medical, dental, social	_____
Jaeger Card or Snellen eye chart Test each eye (with glasses)	Can't read 20/40	Alert provider or refer	_____
Whisper short sentence @ 6-12 inches (Out of visual view) OR audioscopy	Unable to hear Retest/refer/ Hearing handicap inventory	Cerumen check	_____
Name three objects/re-ask in 5 minutes	Unable	MMSE or other	_____
Draw 8 inch circle and ask patient to draw clock	Clock abnormal	MMSE or other	_____
"Rise from your chair (do not use arms to get up), walk 10 feet, turn, walk back to the chair and sit down	Observed problem or unable in <15	Tinetti and / or further exam Home eval & PT	_____
"Touch the back of your head with your hands" "Pick up the pencil"	Unable to do either	Further exam Consider OT	_____

(Remember to ask about the 3 items!)

Other areas of concern: caregiver stress, alcohol, social isolation, exercise, sexuality, advance directives and health care wishes.

Additional Comments: