



Long-Term Care Comprehensive Geriatric Assessment Form

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

Cr Cl: _____

Chief lifelong occupation: _____ Education: (years) _____

Cognitive Status

- WNL
Dementia
Other
MMSE _____

Emotional

- WNL
Depression
Other

Behaviours

- Verbal Non-aggressive
Verbal Aggressive
Physical Non-aggressive
Physical Aggressive

Infection Control
MRSA
VRE
Flu shot given
Pneumococcal vaccine given
TB test done
Tetanus/Diphtheria

Communication:

Speech

- WNL
Impaired

Hearing

- WNL
Impaired

Vision

- WNL
Impaired

Footcare needed

- Y N

Dental care needed

- Y N

Skin Integrity Issues

- Y N

Strength

- WNL Weak

Upper: PROXIMAL DISTAL R L
Lower: PROXIMAL DISTAL R L

Legal NoK:

Advanced Directives Y N

Code Status

- Do Not Attempt to Resuscitate
Do Not Hospitalize
Resuscitate

Marital Status

- Married
Divorced
Widowed
Single

Family Stress

- None
Low
Moderate
High

Table with 3 columns: Category (Mobility, Balance, Elimination, Nutrition, ADLs), Sub-category, and Assessment options (IND, ASST, DEP).

Problems/Past history

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Med adjust req. Associated Medication

- 15 rows of medication recording with radio buttons.

Current Frailty Score

Scale

- 1. Mildly frail
2. Moderately frail
3. Severely frail
4. Very severely ill
5. Terminally ill

Physician: _____

Date: _____

