

## **CHECK-LIST for ASSESSMENT of Geriatric H&P:**

### **HISTORY:**

#### **MEDICATION HISTORY:**

- Prescription medication list
- Over-the-counter/ Herbal medication list
- Medication Compliance
- Recent medications/ dose changes

#### **SCREENING HISTORY:**

- Preventative medical issues discussed : eg.vaccination (Pneumococcal or Influenza ('Flu') vaccine)
- Hearing
- Vision
- Food/ Meals/ Diet/ Weight

#### **SOCIAL HISTORY:**

- Health Care Proxy/ Surrogate decision-maker
- Advance Care Directives/ Goals of Care/ Living will
- Code Status/ DNR/I
- Lives with whom
- Lives where/ environment/ setting
- Primary Caregiver/ Social Supports

#### **FUNCTIONAL HISTORY:**

**ADLs:** dressing, eating, ambulating/ mobility/ walking/ transferring, toileting/ continence, hygiene/ bathing/ showering

**IADLs:** shopping/ groceries, housework/ cleaning/ chores, accounting/ bills, food preparation, telephone/ transport/ driving, drug/ meds management

### **EXAMINATION:**

#### **COGNITION:**

1. Tests **Attention:** CAM: Confusion Assessment Method/ MMSE/ registration/ counting/ adding/ subtracting/ months of year/ serial 7s
2. Tests **Memory:** Mini-Cog./ MMSE/ recall/ remembering words/ clock draw test

#### **MOBILITY:**

Gait/ Standing/ "Get up and go test"/ Balance/ Walking/ Romberg