

# AGEDAT-G1

for the year :

## Address

Title			Add 1	
First name			Add2	
Surname			Add 3	
Date of birth		Age	Town	
NHS (GMS) no.			Postcode	
Home language			Tel.	

Resident at :  Home  Care Home  Other :

Marital Status :  Single  Married  Divorced  Widowed

Name of spouse :

Name(s) of offspring :

Educational Level :

Main Lifelong Occupation :

Name of Caregiver :

Advanced Directive :  Yes  No

Caregiver Relationship :

DNR Directive :  Yes  No

- Spouse
- Sibling
- Offspring
- Other

Clinical Frailty Score (Rockwood Scale) :

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Very fit      | <input type="checkbox"/> Vulnerable       | <input type="checkbox"/> Severely frail      |
| <input type="checkbox"/> Well          | <input type="checkbox"/> Mildly frail     | <input type="checkbox"/> Very severely frail |
| <input type="checkbox"/> Managing well | <input type="checkbox"/> Moderately frail | <input type="checkbox"/> Terminally ill      |

Caregiver Occupation :

Caregiver tel. :

GP Practice :

Abbreviations :

P1 = Jan-Apr  
P2 = May-Aug  
P3 = Sep-Dec

# AGEDAT-G1

for the year :

## 1. Personal Data

Education :

Religion and Values:

Food Likes :

Food Dislikes :

Hobbies / Favourite Activities :

Pets :

Topics for Reminiscence :

Caregiver stress :  None  Low  Moderate  High

Nota Bene :

# AGEDAT-G1

**for the year :**

## 2. Medical

**Allergies :**


**Vaccinations :**

**Date:**

**Vaccine :**

<b>Influenza</b>		
<b>Pneumonia</b>		

**Long Term Conditions**

**Supervised by :**

<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		

**Recurring Conditions :**

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

**Regular Clinics / Therapies :**

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

**Medication :**

**Dose :**

**Date Started :**

**Date Ended :**

<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				

**Medication Review Dates :**

<b>P1</b>	
<b>P2</b>	
<b>P3</b>	

# AGEDAT-G1

## for the year :

	Surgical History	Date :	Sequelae :
1			
2			
3			
4			
5			

**Height :**

**Weight :**                      **Kg.**                      **BMI**

P1 :			
P2 :			
P3 :			

**Renal :**                      **Lab. Results :**                      **Date :**

eGFR :		
CKD stage :		
ACR :		
PCR :		

**Cardiac :**                      **Lab. Results :**                      **Date :**

Tot. chol.		
Trig.		
Q score		

**Bone:**                      **Lab. Results :**                      **Date :**

Vit D		
TUG score		
Frax score		

**Haem. :**                      **Lab. Results :**                      **Date :**

Hb.		
WCC		
Platelets		

**Other :**                      **Lab. Results :**                      **Date :**


**Appetite :**

P1 : <input type="checkbox"/> Within Normal Limits	P1 : <input type="checkbox"/> Fair	P1 : <input type="checkbox"/> Poor
P2 : <input type="checkbox"/> Within Normal Limits	P2 : <input type="checkbox"/> Fair	P2 : <input type="checkbox"/> Poor
P3 : <input type="checkbox"/> Within Normal Limits	P3 : <input type="checkbox"/> Fair	P3 : <input type="checkbox"/> Poor

**Swallow :**

P1 : <input type="checkbox"/> Within Normal Limits	P1 : <input type="checkbox"/> Impaired Solids	P1 : <input type="checkbox"/> Impaired Fluids
P2 : <input type="checkbox"/> Within Normal Limits	P2 : <input type="checkbox"/> Impaired Solids	P2 : <input type="checkbox"/> Impaired Fluids
P3 : <input type="checkbox"/> Within Normal Limits	P3 : <input type="checkbox"/> Impaired Solids	P3 : <input type="checkbox"/> Impaired Fluids

**Elimination - Bowel :**

P1 : <input type="checkbox"/> Continent	P1 : <input type="checkbox"/> Incontinent	P1 : <input type="checkbox"/> Constipated
P2 : <input type="checkbox"/> Continent	P2 : <input type="checkbox"/> Incontinent	P2 : <input type="checkbox"/> Constipated
P3 : <input type="checkbox"/> Continent	P3 : <input type="checkbox"/> Incontinent	P3 : <input type="checkbox"/> Constipated

**Elimination - Bladder :**

P1 : <input type="checkbox"/> Continent	P1 : <input type="checkbox"/> Incontinent	P1 : <input type="checkbox"/> Constipated
P2 : <input type="checkbox"/> Continent	P2 : <input type="checkbox"/> Incontinent	P2 : <input type="checkbox"/> Constipated
P3 : <input type="checkbox"/> Continent	P3 : <input type="checkbox"/> Incontinent	P3 : <input type="checkbox"/> Constipated

# AGEDAT-G1

for the year :

## 3. Functional

**Speech :**  Within normal limits  
 Impaired

**Vision :**  Within normal limits  
 Impaired

**Hearing :**  Within normal limits  
 Impaired

**Understanding :**  Within normal limits  
 Impaired

**Upper Body Strength :**  
 Within normal limits  
 Impaired

**Balance:**  
 Within normal limits  
 Impaired

**Lower Body Strength :**  
 Within normal limits  
 Impaired

**Falls :**  None  
 Yes  
 Number

**Walk inside :**  Independent  Slow  Assisted  Dependent

**Walk outside :**  Independent  Slow  Assisted  Dependent

**Transfers :**  Independent  Slow  Assisted  Dependent

**Bed (in/out) :**  Independent  Slow  Assisted  Dependent

**Aid use :**  None  Stick  Frame  Chair

**Excercise :**  Frequent  Occasional  None

**ADLS :**

Feeding	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year

**IADLS :**

Cooking	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Cleaning	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Medication	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Driving	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year
Banking	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Dependent	<input type="checkbox"/> Changed in past year

# AGEDAT-G1

for the year :

## 4. Psychological

Cognition :  Within Normal Limits  Mild Cognitive Impairment  Dementia

Delirium :  From :  To : Note :

Assessment scores / dates :

Emotion :  Within Normal Limits  Low Mood  Anxiety  
 Hallucinations  Depression  Other :

Health Attitude / Motivation

Excellent  Good  Poor

Sleep :  Within Normal Limits  Disrupted  Daytime Drowsiness

## 5. Social and Environmental

Social Engagement:

Frequent  Occasional  None

Social Activities:

Current Social Support:

Finance :  Sufficient  Break Even  Insufficient

Driving :  Yes  No Notes :

Pets :  Yes  No Notes :

Personal Safety Concerns :

Yes  No Notes :

Home Safety Concerns :

Yes  No Notes :

Formal Social Assessment :

Date : Notes :

Formal Environmental Assessment :

Date : Notes :

Perceived needs :

# AGEDAT-G1

for the year :

## 6. Advanced Care Planning

Concerns about Capacity:  Yes  No Notes :

Advance Directive:  Yes  No Notes :

CPR Decision:  Yes  No Notes :

Will:  Yes  No Notes :

Power of Attorney :  Yes  No Name :  
Relationship :

## 7. Problem List

	Problem:	Action Required:	Action by :	Notes:
1				
2				
3				
4				
5				

## 8. Record of visits/interventions

	Imaging	Date :	Result :
1			
2			
3			
4			
5			

	Special investigations	Date :	Result :
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# AGEDAT-G1

for the year :

	Other visits / interventions	Date :	Result :
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## Notes



# AGEDAT-G1

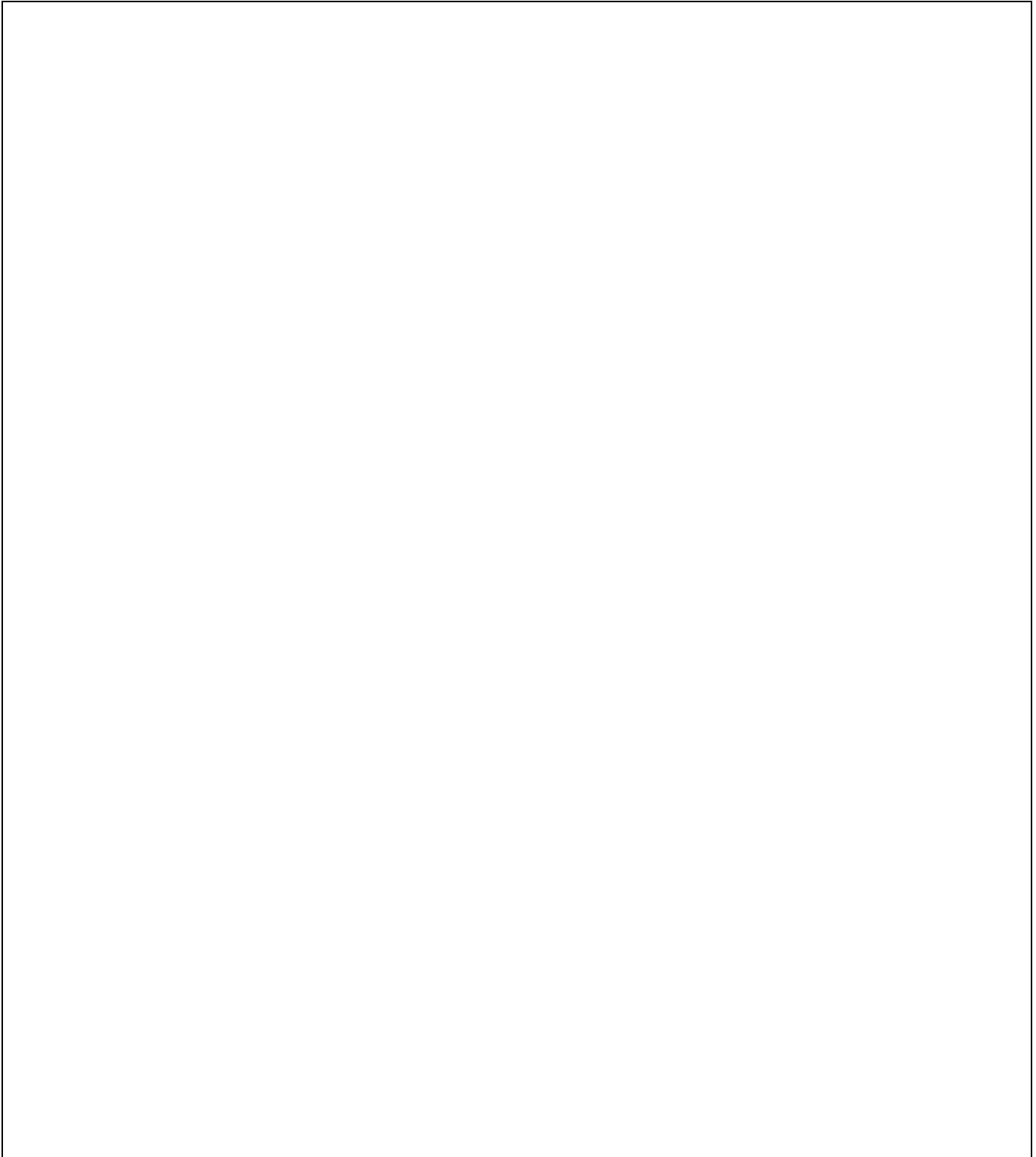
for the year :

Notes

# **AGEDAT-G1**

## **for the year :**

Notes

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