Brief Comprehensive Geriatric Assessment

Patient Contact
☐ Home
☐ Care Home
☐ GP
☐ OPD
☐ ED
☐ Frailty
☐

Clinical Frailty Score (Rockwood Scale): ☐

Patient's Details		Patient's Address	
Title		Add 1	
Name		Add 2	
Date of Birth		Add 3	
NHS Number		Town	
GP Practice		Postcode	

Cognition ☐ Within Normal Limits ☐ Mild Cognitive Impairment ☐ Dementia ☐ Delerium
☐ Abbreviated Mental test (AMT) Score: ☐ ☐ Mental Capacity Assessment required
Main lifelong occupation:

Emotional ☐ Within Normal Limits ☐ ↓Mood ☐ Depression ☐ Anxiety ☐ Fatigue ☐ Hallucination
☐ Delusion ☐ Other

Motivation ☐ High ☐ Usual ☐ Low

Health Attitude ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Couldn't say

Communication **Speech:** ☐ Within Normal Limits ☐ Impaired **Hearing:** ☐ Within Normal Limits ☐ Impaired
Vision: ☐ Within Normal Limits ☐ Impaired **Understanding:** ☐ Within Normal Limits ☐ Impaired

Strength ☐ Within Normal Limits ☐ Weak **Upper:** ☐ Proximal ☐ Distal **Lower:** ☐ Proximal ☐ Distal

Exercise ☐ Frequent ☐ Occasional ☐ Not

		Baseline (two weeks ago)	Current (today)
Balance	Balance	☐ Within Normal Limits ☐ Impaired	☐ Within Normal Limits ☐ Impaired
	Falls	☐ Falls Number: ☐	☐ Falls Number: ☐
Mobility	Walk inside	☐ Independent ☐ Slow ☐ Assisted ☐ Can't	☐ Independent ☐ Slow ☐ Assisted ☐ Can't
	Walk outside	☐ Independent ☐ Slow ☐ Assisted ☐ Dependent	☐ Independent ☐ Slow ☐ Assisted ☐ Dependent
	Transfers	☐ Independent ☐ Standby ☐ Assisted ☐ Dependent	☐ Independent ☐ Standby ☐ Assisted ☐ Dependent
	Bed (in/out)	☐ Independent ☐ Pull ☐ Assisted ☐ Dependent	☐ Independent ☐ Pull ☐ Assisted ☐ Dependent
	Aid use	☐ None ☐ Stick ☐ Frame ☐ Chair	☐ None ☐ Stick ☐ Frame ☐ Chair
Nutrition	Weight	☐ Normal ☐ Under ☐ Over ☐ Obese	☐ Normal ☐ Under ☐ Over ☐ Obese
	Appetite	☐ Within Normal Limits ☐ Fair ☐ Poor	☐ Within Normal Limits ☐ Fair ☐ Poor
	Swallow	☐ Within Normal Limits ☐ Impaired Fluids	☐ Within Normal Limits ☐ Impaired Fluids
		☐ Impaired Solids	☐ Impaired Solids
Elimination	Bowel	☐ Continent ☐ Constipated ☐ Incontinent	☐ Continent ☐ Constipated ☐ Incontinent
	Bladder	☐ Continent ☐ Catheter ☐ Incontinent	☐ Continent ☐ Catheter ☐ Incontinent
ADLS	Feeding	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Bathing	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Dressing	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Toileting	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
IADLS	Cooking	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Cleaning	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Shopping	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Medications	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Driving	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent
	Banking	☐ Independent ☐ Assisted ☐ Dependent	☐ Independent ☐ Assisted ☐ Dependent

Sleep ☐ Disrupted ☐ Daytime drowsiness **Socially Engaged** ☐ Frequent ☐ Occasional ☐ Not

Social

Marital Status
☐ Married
☐ Divorced
☐ Widowed
☐ Single

Lives
☐ Alone
☐ Spouse
☐ Other

Home
☐ House…
☐ Steps…
☐ Apartment
☐ Supported Living
☐ Care Home
☐ Other
Number of levels: ☐
Number of steps: ☐

Supports
☐ Informal
☐ Other
☐ Requires more support
☐ None

Caregiver Relationship
☐ Spouse
☐ Sibling
☐ Offspring
☐ Other

Caregiver Stress
☐ None
☐ Low
☐ Moderate
☐ High

Caregiver Occupation:

Advance directive in place: ☐ Yes ☐ No
CPR decision: ☐ Allow a natural death ☐ Resuscitate

Assessor: .....
(Name, Grade & Signature)

Date: .....

Initial Comprehensive Geriatric Assessment Form

Associated Medication *(Mark meds started in hospital with an asterisk) - Consider STOPP / START		
Medication	Dose	Date Commenced

	Problem List	Action Required	Action by:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Long Term Conditions:	
1	
2	
3	
4	
5	

Notes:

☐ For MDT discussion, consider long CGA

☐ Long CGA **not** required, copy of Clinical Frailty score to GP

Outpatient Appointments	
Department	Date and Time

Assessor: .....

(Name, Grade & Signature)

Date: .....