**GERIATRIC MEDICAL ASSESSMENT (*TO BE COMPLETED BY A COMPETENT AUTHORITY)***

## Kindly tick or write as required.

**SOCIO-DEMOGRAPHIC DATA**

1. Identification (Full name):
2. Hospital Number: 3. Date: 4. Next of Kin

5. Age last birthday (in years):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Sex: | Male |  | Female |  |
| 7. Ethnicity: | Yoruba |  | Hausa |  | Ibo | Others (specify)  |

1. Main source of finance at present:
2. History of Urinary Incontinence? Yes No
3. History of Feacal Incontinence? Yes No
4. Number of FALLS in the past 12months?
5. History of chronic illness:
6. Diabetes Yes No
7. Hypertension Yes No
8. Hearing impairment Yes No
9. Dental problems Yes No
10. Stroke/TIA Yes No
11. Sleep problems Yes No
12. Arthritis Yes No
13. Difficulty moving around Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| 1. History suggestive of Dementia (e.g. remembering or retaining information)?
2. History suggestive of Mental illness (e.g. psychosis, depression etc)?
 | YesYes |  | NoNo |
| k. Is the patient currently sexually active? | Yes |  | No |

1. What other health problem(s) does the patient have at the moment
2. Number of admissions into a hospital in the last one year?
3. Past Medical and Surgical History

## List all current medications with possible indications:

1. Any known Allergies (**including drug allergies and history of adverse reactions**)?

## REVIEW OF SYSTEMS

1. Neurologic system
2. Respiratory system
3. Cardiovascular system
4. Gastro-intestinal system
5. Genito-urinary system

**PHYSICAL EXAMINATION**

1. A. Weight (kg) B. Height (cm) C. BMI
2. Pulse Rate
3. Respiratory Rate:
4. Blood Pressure
5. General Physical Examination (**including Visual Acuity**)

## Central Nervous System examination

1. Chest examination
2. Cardiovascular system examination
3. Abdominal examination **(including DRE for males)**

## Motor system examination

1. Skin and Integumentary system examination **(any wounds or pressure sores?)**

## Other findings on examination:

**INVESTIGAIONS**

1. Fasting Blood Sugar
2. RVS Status
3. HBsAg and HCV Status
4. Urinalysis
5. Indicate Results of other tests done (e.g. FBC, ECG, PSA, FLP):

|  |
| --- |
| **Katz Index of Independence in Activities of Daily Living** |
| **Activities**Points (1or0) | **Independence**(1 point)**No** supervision, direction or personal assistance. | **Dependence**(0 points)**With** supervision, direction or personal assistance or total care |
| **BATHING**Points:  | **(1 POINT)** Bathes self completely or needs help in bathing only a single part of the such as the back, genital area or disabled extremity. | **(0 POINTS)** Need help with bathing more than one part of the body, getting in or out of the tub or shower, Requires total bathing |
| **DRESSING**Point:  | **(1 POINT)** get clothes from closet and drawers and puts on cloth and outer garments complete with fasteners. May have help trying shoes | **(0 POINTS)** Needs help with dressing self or needs to be completely dressed. |
| **TOILETING**Points:  | **(1 POINT)** goes to toilet, gets on and off, arranges clothes, cleans genital area without help. | **(0 POINTS)** Needs help transferring to the toilet, cleaning self or uses bedpan or commode. |
| **TRANSFERRING**Points:  | **(1 POINT)**Moves in and out of bed or chair unassisted.Mechanical transferred aids are acceptable | **(0 POINTS)** Needs help in moving from bed to chair or requires a complete transfer. |
| **CONTINENCE**Points:  | **(1 POINT)** Exercise complete self control over urination and defecation. | **(0 POINTS)** Is partially or totally incontinent of bowel or bladder |
| **FEEDING**Points:  | **(1 POINT)** Gets food from plate into mouth without help. Preparation of food may be done by another person. | **(0 POINTS)** needs partial or total help with feeding or requires parenteral feeding. |
| **TOTAL POINTS: SCORING:** 6 =*Independent, 3 to 5 = Semi –dependent, 0 to 2 = Dependent* |

|  |
| --- |
| **LAWTON-BODY****INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (LADL)** |
| **Scoring:** For each category, circle the item description that most closely resembles the client’s highest functional level (either 0 or 1) |
| **A. Ability to Use Telephone** |  |
| 1. Operates telephone on own initiative- looks up and dials numbers, etc. | 1 |
| 2. Dials a few well-know numbers | 1 |
| 3. Answers telephone but does not dial | 1 |
| 4. Does not use telephone at all | 0 |
| **B. Shopping** |  |
| 1. Takes care of all shopping needs independently | 1 |
| 2. Shops independently for small purchases | 0 |
| 3. Needs to be accompanied on any shopping trip | 0 |
| 4. Completely unable to shop | 0 |
| **C. Responsibility of Own Medications** |  |
| 1. Is responsible for taking medication in correct dosages at correct time | 1 |
| 2. Takes responsibility if medication is prepared in advances in separate dosage | 0 |
| 3. Is not capable of dispensing own medication | 0 |
| **D. Mode of Transportation** |  |
| 1. Travels independently on public transportation or drives own car | 1 |
| 2. Arranges own travel via taxi, but does not otherwise use public transportation | 1 |
| 3. Travel on public transportation when accompanied by another | 1 |
| 4. Travel limited to taxi or automobile with assistance of another | 0 |
| 5. Does not travel at all | 0 |
| **E. Ability to Handle Finances** |  |
| 1. Manages financial matters independently (budgets, writes checks, pay rent, bills, goes to bank), | 1 |
| collect and keeps track of income |  |
| 2. Manages day-to-day purchases, but needs help with banking, major purchases, etc. | 1 |
| 3. Incapable of handling money | 0 |
| **TOTAL POINTS: SCORING:** 5 =*Independent, 1 to 4 = Semi –dependent, 0 = Dependent* |

**Functional status** will be measured by Activities of Daily Living (ADL) using the Katz's ADL and by Instrumental ADL using the Lawton IADL-scale. A problem on any of the two scales will be regarded as a positive screen and indicates a Functional Disability. Clients who score **a total of 11 points on the two scales will be classified as being independent** while those who score 0 – 2 will be classified as dependent. Other scores (i.e. 3 – 10) will be categorized as being semi – dependent.

# HIGHLIGHT RELEVANT DIAGNOSIS / ASSESSMENT

**Signature / Name / Designation (Specialty) / Date**