**Primary Care Comprehensive Geriatric Assessment (CGA)**

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| Patient Contact Patient Contact |
|[ ]  Home |
|[ ]  Care Home |
|[ ]  GP |
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| --- | --- |
| 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 |[ ]  Delirium |
|  |[ ]  Mental Capacity Assessment required? |  |  |
|  |  |  |
| **Communication** | Speech |[ ]  Within normal limits |[ ]  Impaired |
|  | Vision |[ ]  Within normal limits |[ ]  Impaired |
|  | Hearing |[ ]  Within normal limits |[ ]  Impaired |
|  | Understanding |[ ]  Within normal limits |[ ]  Impaired |
| **Balance** | Balance |  | Within normal limits | ☐ | Impaired | ☐ |  |  |  |
|  | Falls |  | Any falls? | ☐ | Number | ☐ |  |  |  |
| **Mobility** | (Baseline (2 weeks ago) |
|  | Walk inside |[ ]  Independent |[ ]  Slow |[ ]  Assisted |[ ]  Can’t |
|  | Walk outside |[ ]  Independent |[ ]  Slow |[ ]  Assisted |[ ]  Dependent |
|  | Transfers |[ ]  Independent |[ ]  Stand by |[ ]  Assisted |[ ]  Dependent |
|  | Bed (in/out) |[ ]  Independent |[ ]  Pull |[ ]  Assisted |[ ]  Dependent |
|  | Aid use |[ ]  None |[ ]  Stick |[ ]  Frame |[ ]  Chair |
|  | Current (today) |
|  | Walk inside |[ ]  Independent |[ ]  Slow |[ ]  Assisted |[ ]  Can’t |
|  | Walk outside |[ ]  Independent |[ ]  Slow |[ ]  Assisted |[ ]  Dependent |
|  | Transfers |[ ]  Independent |[ ]  Stand by |[ ]  Assisted |[ ]  Dependent |
|  | Bed (in/out) |[ ]  Independent |[ ]  Pull |[ ]  Assisted |[ ]  Dependent |
|  | Aid use |[ ]  None |[ ]  Stick |[ ]  Frame |[ ]  Chair |
| **Nutrition** | Baseline (2 weeks ago) |
|  | Weight |[ ]  Normal |[ ]  Under |[ ]  Over |[ ]  Obese |
|  | Appetite |[ ]  Within normal limits |[ ]  Fair |[ ]  Poor |
|  | Swallow |[ ]  Within normal limits |[ ]  Impaired Fluids |[ ]  Impaired Solids |
|  | Current (today) |
|  | Weight |[ ]  Normal |[ ]  Under |[ ]  Over |[ ]  Obese |
|  | Appetite |[ ]  Within normal limits |[ ]  Fair |[ ]  Poor |  |  |
|  | Swallow |[ ]  Within normal limits |[ ]  Impaired Fluids |[ ]  Impaired Solids |

|  |  |
| --- | --- |
| **Elimination** | Baseline (2 weeks ago) |
|  | Bowel |[ ]  Continent |[ ]  Constipated  |[ ]  Incontinent |
|  | Bladder |[ ]  Continent |[ ]  Catheter |[ ]  Incontinent |
|  | Current (today) |
|  | Bowel |[ ]  Continent |[ ]  Constipated  |[ ]  Incontinent |
|  | Bladder |[ ]  Continent |[ ]  Catheter |[ ]  Incontinent |
| **ADLS** | Baseline (2 weeks ago) |
|  | Feeding  |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Bathing |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Dressing |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Toileting |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Current (today) |
|  | Feeding  |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Bathing |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Dressing |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Toileting |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
| **IADLS** | Baseline (2 weeks ago) |
|  | Cooking |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Cleaning |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Shopping |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Medication |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Driving |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Banking |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Current (today) |
|  | Cooking |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Cleaning |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Shopping |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Medication |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Driving |[ ]  Independent |[ ]  Assisted |[ ]  Dependent |
|  | Banking |[x]  Independent |[ ]  Assisted |[ ]  Dependent |
| **Sleep** |[ ]  Disrupted |[ ]  Daytime drowsiness | **Socially Engaged** |[ ]  Frequent |[ ]  Occasional |[ ]  Not |
| **Social** | Marital Status | Lives | Home |
|  |[ ]  Married |[ ]  Alone |[ ]  House |  | Number of levels |
|  |[ ]  Divorced |[ ]  Spouse |[ ]  Steps |  | Number of Steps |
|  |[ ]  Widowed |[ ]  Other |[ ]  Flat |  |
|  |[ ]  Single |  |[ ]  Sheltered House |  |
|  |  |  |[ ]  Care Home |  |
|  |  |  |[ ]  Other |  |
|  | Supports | Caregiver Relationship | Caregiver Stress |
|  |[ ]  Informal |[ ]  Spouse |[ ]  None |
|  |[ ]  Other |[ ]  Sibling |[ ]  Low |
|  |[ ]  Requires Support |[ ]  Offspring |[ ]  Moderate |
|  |[ ]  None |[ ]  Other |[x]  High |
|  | Caregiver Occupation |  |
| Advance care plan in place |[ ]  Yes |[ ]  No |
| CPR decision |[ ]  Allow natural death |[ ]  Resuscitate |

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

Date: …………………………………………………

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

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

Date: …………………………………………………