**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 |  |

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| **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 | | | | | | | |

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| **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 | | | |  | | | | 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 | | | | |  | | 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: …………………………………………………