

Geriatric Periodic Health Exam – Interprofessional Screen



Patient Name	Date of Birth [yyyymmdd]			HCN

Presenting Issue(s):

Reason for Visit:

Periodic Health Exam – Geriatric Screen	
Recent Labs	
HCT	Date:
Cr	Date:
K	Date:
INR	Date:
TSH	Date:
HgbA1C	Date:
LDL	Date:

Next Appointment:

Geriatric PHE Summary/Follow-Up (indicates need for further follow up

* indicates need to refer also to Geriatric PHE - Patient Form):

Geriatric Issues		Common Co-morbidities		Other	
<input type="checkbox"/>	1. Hearing*	<input type="checkbox"/>	9. Asthma/COPD	<input type="checkbox"/>	17. Driving*
<input type="checkbox"/>	2. Vision*	<input type="checkbox"/>	10. Cancer	<input type="checkbox"/>	18. Immunization*
<input type="checkbox"/>	3. Cognition*	<input type="checkbox"/>	11. Diabetes	<input type="checkbox"/>	19. Advanced Directives*
<input type="checkbox"/>	4. Depression* (<i>GDS on Patient Form</i>)	<input type="checkbox"/>	12. Nutrition/Obesity*	<input type="checkbox"/>	20. Dental*
<input type="checkbox"/>	5. Falls/Mobility*	<input type="checkbox"/>	13. Cardiovascular Risk Factors	<input type="checkbox"/>	21. Lifestyle Issues*
<input type="checkbox"/>	6. ADL*/IADL*/Caregiver Support	<input type="checkbox"/>	14. Stroke	<input type="checkbox"/>	22. Communication
<input type="checkbox"/>	7. Urinary Incontinence*	<input type="checkbox"/>	15. Arthritis	<input type="checkbox"/>	23. Bowel
<input type="checkbox"/>	8. Medications (Polypharmacy)*	<input type="checkbox"/>	16. Osteoporosis	<input type="checkbox"/>	24. Pain*

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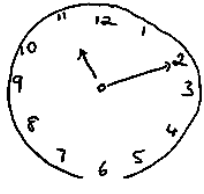

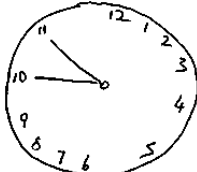
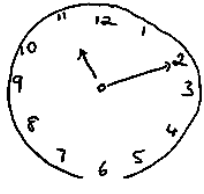

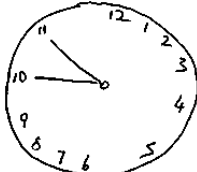
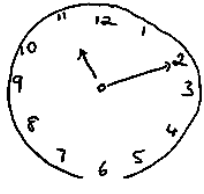

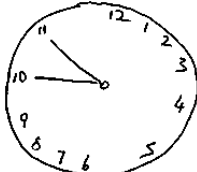
Counseling issues addressed this visit	<input checked="" type="checkbox"/> & Initial
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>
9.	<input type="checkbox"/>
10.	<input type="checkbox"/>

Geriatric PHE Summary/Follow-Up – Cont'd:

Issue	Screen	Cut off Value	F/U	
1. Vision	Snellen Eye Chart		Y <input type="checkbox"/>	N <input type="checkbox"/>
2. Hearing	If difficulties in hearing have been detected => Complete Whisper Rest – Three (3) whispered words out of field of vision.	Y = Failure to correctly repeat three (3) whispered numbers or self-identified difficulties with hearing.	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.1 Cognition - 1	Is individual at high risk. e.g. advanced age, positive family history and vascular risk factors? Are there identified issues from caregiver or individual?	Y = need for screening below	Y <input type="checkbox"/>	N <input type="checkbox"/>

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Issue	Screen	Cut off Value	F/U												
3.2 Cognition – 2 Dementia Quick Screen	1 Registration: Instruct individual to listen carefully to and remember three (3) unrelated words and then to repeat the words. (House, Tree, Car)	Any of the following indicates a need for further cognitive assessment: > 0 or 1 on 3 item recall > < 15 on animal naming > < 10 animals is suggestive of a dementia > 10 to 14 suggests a mild cognitive abnormal clock drawing > impairment.	<table border="1"> <thead> <tr> <th>Test</th> <th>Negative</th> <th>Positive</th> </tr> </thead> <tbody> <tr> <td>3-item recall</td> <td>2 or 3 words recalled</td> <td>0 or 1 word recalled</td> </tr> <tr> <td>Animal Naming</td> <td>=> 15 animals</td> <td>< 15 animals</td> </tr> <tr> <td>Clock Drawing</td> <td>Normal clock or only minor irregularities in number placement with correct position</td> <td>Abnormal clock: hand and/or number placement</td> </tr> </tbody> </table>	Test	Negative	Positive	3-item recall	2 or 3 words recalled	0 or 1 word recalled	Animal Naming	=> 15 animals	< 15 animals	Clock Drawing	Normal clock or only minor irregularities in number placement with correct position	Abnormal clock: hand and/or number placement
	Test			Negative	Positive										
	3-item recall			2 or 3 words recalled	0 or 1 word recalled										
	Animal Naming			=> 15 animals	< 15 animals										
Clock Drawing	Normal clock or only minor irregularities in number placement with correct position	Abnormal clock: hand and/or number placement													
2 Ask individual to name as many four-legged animals as possible in one minute. [Animal naming chart on page 7].															
3 Instruct individual to draw the face of a clock, either on a blank sheet of paper or on a sheet with the clock circle already drawn on the page. [See Clock Drawing tool on pg 7]. After individual puts the numbers on the clock face, ask him/her to draw the hands of the clock to read a specific time, such as 11:10. These instructions can be repeated, but no additional instructions should be given. Give patient as much time as needed to complete the task. The CDT serves as the recall distraction.															
<table border="1"> <tr> <td>Normal </td> <td>Mildly abnormal (correct hand placement; minor spacing problems) </td> <td>Abnormal (incorrect hand placement; incorrect number placement) </td> </tr> </table>	Normal 	Mildly abnormal (correct hand placement; minor spacing problems) 	Abnormal (incorrect hand placement; incorrect number placement) 												
Normal 	Mildly abnormal (correct hand placement; minor spacing problems) 	Abnormal (incorrect hand placement; incorrect number placement) 													
4	Ask individual to repeat the three (3) previously presented words. (Borson et al, 2000; Siu, AL, 1991, Canning et al, 2004)														
RESULT: Need for Further Cognitive Assessment?			Y <input type="checkbox"/> N <input type="checkbox"/>												
4. Depression	Score from Patient Form 5-item GDS:	2 or more BOLDED answers from Patient form	Y <input type="checkbox"/> N <input type="checkbox"/>												
5.1 Falls/ Mobility	Fall within the last 12 months , sought medical attention after a fall or have a fear of falling?		Y <input type="checkbox"/> N <input type="checkbox"/>												

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5.2 Falls/ Mobility – Cont'd	Perform Timed Up and Go: Time the individual as he/she rises from a firm chair with arms (can push off from arm rests), walks three metres at normal pace (with walking aid if normally used) turns around, and returns to sit in the chair (Podsiadlo & Richardson, 1991). NOTE: Do not elicit conversation during the test as it increases the performance time.	➤ 14 seconds – correlates with a high risk for falls; < 20 seconds – correlates with independence in ADL transfer tasks & community ambulation, & high scores on the Berg Balance Scale; 30 ≥ seconds - correlates with more dependence in ADLs, need for assistive devices for ambulation. (Richardson and Podsiadlo, 1999; Shumway-Cook et al, 2000).	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Caregiver Support (ADL/IADL)	Do you receive assistance from others (e.g. home care)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	By whom:	Frequency:	Y = Assistance needs not being met and follow up required.	N <input type="checkbox"/>
7. Urinary Incontinence	Do you have any problems with involuntary loss of water/urine?	Y = Need for further assessment / follow-up.	Y <input type="checkbox"/>	N <input type="checkbox"/>
8. Medications (Polypharmacy)	Number of prescribed drugs:	> 5 prescription drugs	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Number of over the counter medications:	> 3 over the counter drugs	Y <input type="checkbox"/>	N <input type="checkbox"/>
9. Asthma/COPD	- Any difficulties with breathing? Yes / No - History of COPD / Asthma / PND or Sleep Apnea (circle if any): - Use of inhalation devices? Yes / No - Use of in-home O2? Yes / No - History or Current Smoking? Yes / No - Daily / productive cough? Yes / No	- Consider home O2 if chronic hypoxemia on room air at rest (PaO2 of 55mmHg or less, or SaO2 of 88 per cent or less) or persistent PaO2 in the range of 56 to 60 mmHg cor pulmonale, pulmonary hypertension or persistent erythrocytosis present. - Counseling may be indicated for smoking, use of inhalation devices, and safe use of home O2.	Y <input type="checkbox"/>	N <input type="checkbox"/>

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Issue	Screen	Cut-Off Value	F/U	
10. Cancer	Date of last Fecal Occult Blood Test (FOBT) :	All asymptomatic, average risk men and women 50 years and older using a simple Fecal Occult Blood Test (FOBT) every two years; and those at increased risk because of a family history of colorectal cancer (mother, father, sibling, children), and people with a positive FOBT test, by colonoscopy (Cancer Care Ontario, 2007).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of last Pap Smear :	All women who are, or have ever been, sexually active should be screened. Screening should be done annually until there are three consecutive negative Pap tests. After three annual negative Pap tests, screening should continue every two to three years. Screening may be discontinued after the age of 70 if there is an adequate negative screening history in the previous 10 years (i.e., 3 or more negative tests) (Canadian Cancer Society, 2005).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of last Mammogram :	Women age 50 and over should have a mammogram at least every two years (Cancer Care Ontario, 2005).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of any screening for Skin Cancer or counseling for self-screening:	Screening completed annually for very high risk individuals only. High risk individuals periodically counseled for self screening.	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of any prostate cancer screening with PSA or DRE :	The evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE). (Cancer Care Ontario, 2008).	Y <input type="checkbox"/>	N <input type="checkbox"/>
10. Cancer – Cont'd	Very High Risk (any of the following): <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Is on immunosuppressive therapy after organ transplantation. <input type="checkbox"/> Has a personal history of skin cancer. <input type="checkbox"/> Has two or more first-degree relatives with Melanoma. <input type="checkbox"/> Has more than 100 nevi in total or 5+ atypical nevi. <input type="checkbox"/> Have received more than 250 treatments with psoralen-ultraviolet A radiation (PUVA) for psoriasis. <input type="checkbox"/> Did receive radiation therapy for cancer as a child. 	High Risk (any of the following): <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Has a first-degree relative with Melanoma. <input type="checkbox"/> Has many (50-100) nevi. <input type="checkbox"/> Has one or more atypical (dysplastic) nevi. <input type="checkbox"/> Has naturally red or blond hair. <input type="checkbox"/> Has a tendency to freckle. <input type="checkbox"/> Has skin that burns easily and tans poorly or not at all. 	Y <input type="checkbox"/>	N <input type="checkbox"/>

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Issue	Screen	Cut-Off Value	Follow-Up	
			Y <input type="checkbox"/>	N <input type="checkbox"/>
11. Diabetes	Last fasting blood glucose Date:_____ Value:_____ If IDDM, last urine dip Date:_____ +ve / -ve (circle)	- Fasting blood glucose > 6.1 mmol/l	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Vision (item 1) – Snellen Eye Chart Last ophthalmologist assessment Date:_____	- Consider funduscopy or fundus photography if IDDM and vision deficits present - Consider periodic assessment by ophthalmologist for screening of DR and/or glaucoma	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Feet and Skin Note presence and appearance of any wounds:	- Consider RN referral for dressings and/or gen surg for wounds not healing	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Consider also PVD / HBP / Neuropathy		Y <input type="checkbox"/>	N <input type="checkbox"/>
12. Nutrition/ Obesity	Ht:_____ in/cm Wt:_____ lb/kg BMI_____ (Health Canada, 2003)	'normal' range may begin slightly > 18.5 and extend into the 'overweight' range	Y <input type="checkbox"/>	N <input type="checkbox"/>
13. Cardio-vascular Risk Assessment	Lipid profile (mmol/l)	Chol. > 5.95 mmol/l	Y <input type="checkbox"/>	N <input type="checkbox"/>
		HDL < 1.16 mmol/l		
	Blood Pressure (mm Hg)	LDL > 3.36 mmol/l	TG > 4.6 mmol/l	Y <input type="checkbox"/>
BP (syst) > 140 mm Hg		BP (dyst) > 80		

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Issue	Screen	Cut Off Value	F/U	
			Y <input type="checkbox"/>	N <input type="checkbox"/>
14. Stroke	Vascular risk factors DM/HBP/AF/Hyperlipidemia/CAD/smoking/obesity Watch for Depression, Dementia.	- In patients with paroxysmal Afib consider anticoagulation if Afib detected after stroke - In patients with stroke and ICT consider anticoagulation (Warfarin for ICT to prevent systemic emboli - In patients with clinical cardiac disease and no pre-existing indications for anticoagulation consider TTE or TEE for detection of intracardiac masses - Section 3&4 for screening of Depression & Dementia.	Y <input type="checkbox"/>	N <input type="checkbox"/>
15. Arthritis	May have atypical presentations e.g. - fatigue, weight loss, myalgia, lymphadenopathy or PMR symptoms.		Y <input type="checkbox"/>	N <input type="checkbox"/>
16. Osteoporosis	Major Risk Factors: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Age > or = to 65 years <input type="checkbox"/> Malabsorption syndrome <input type="checkbox"/> Vertebral compression fracture <input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Fragility fracture after age 40 <input type="checkbox"/> Falls Risk <input type="checkbox"/> Family history of osteoporotic fracture <input type="checkbox"/> Osteopenia apparent on X-ray film <input type="checkbox"/> Systemic glucocorticoid therapy > 3 months <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Early Menopause (before age 45) 	Minor Risk Factors: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Smoker <input type="checkbox"/> Past history of Hyperthyroidism <input type="checkbox"/> Excessive alcohol intake <input type="checkbox"/> Chronic anticonvul BP (dyst) > 80 sant therapy <input type="checkbox"/> Excessive caffeine intake <input type="checkbox"/> Low dietary calcium intake <input type="checkbox"/> Weight < 57kg <input type="checkbox"/> Chronic Heparin therapy <input type="checkbox"/> Weight loss > 10% of weight at age 25 		
<i>Risk factors are additive and should be considered together. Testing for BMD is indicated in man and postmenopausal women > age 50 with at least one (1) major or two (2) minor risk factors. (Adapted from Brown, JP et al, 2002; Osteoporosis Society of Canada, 2002).</i>				
17. Driving	1. Do you drive?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	2. Family Member / Caregiver Question: Any concerns about your family member driving ?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	If driving <u>and</u> there is a positive response to 2. and/or compromised performance on the cognitive screen, functional performance or medications , is there a need for further driving assessment and follow-up? (License suspension at the discretion of practitioner).		Y <input type="checkbox"/>	N <input type="checkbox"/>

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Issue	Screen	Cut Off Value	F/U	
24. Pain	- Consider pain symptoms, non-specific presentation and/or presentation of pain behaviors.		Y <input type="checkbox"/>	N <input type="checkbox"/>

Physician Physical Exam Findings:

Treatment Complications: (Identify possible treatment complications such as advanced age, co morbid medical conditions, history of GI ulcers or ulcer complications, corticosteroid use, anticoagulant use and/or NSAD use).

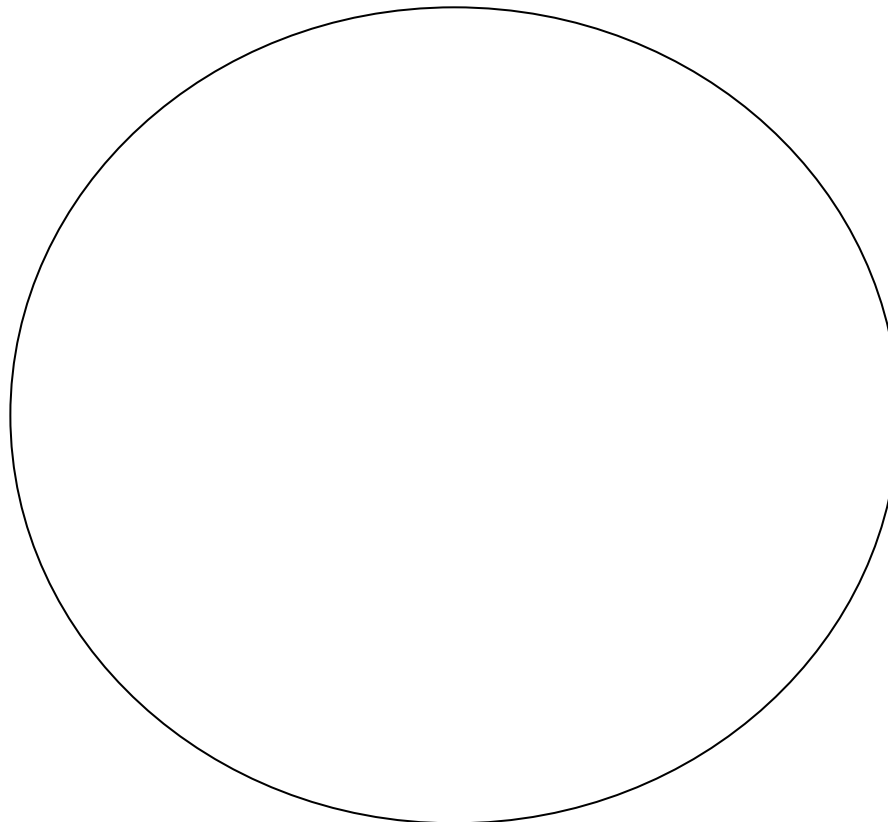
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Clock Drawing

* The CDT is considered normal if all numbers are present in the correct sequence and position, and the hands display the requested time with one shorter and one longer hand.



Animal Naming
1.
2.
3.
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12.
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15.