ONE PAGE SIMPLE GERIATRIC SCREEN

Patient Name_____

DATE	
Source Dt	Othor

Assessment Procedure	Abnormal	Action	Result
1. "Do you have difficulty with eyesight?"	Yes or No		
2. Jaeger Card or Snellen eye chart	Can't read 20/40	Refer; Test each eye	
		(with glasses)	
3. Whisper short sentence @ 6-12 inches	Unable to hear	Cerumen check	
(Out of visual view) OR audioscopy		Retest/refer/HHI	
4. "Touch the back of your head with your hands"	Unable to do	Further exam;	
OR "Pick up the pencil."	either	Consider OT	
5. "Rise from your chair (do not use arms to get	Observed problem	Tinetti	
up), walk 10 feet, turn, walk back to the chair	Or unable in <15	Further exam	
and sit down."		Home eval & PT	
6. "Have you had any falls in the last year?"	Yes	Tinetti	
		Further exam	
		Home eval & PT	
7. "Do you have trouble with stairs, lighting,	Yes to any	Further exam	
bathroom, or other home hazards?"	-	Home eval & PT	
8. Weight/BMI or loss of 5% or more	BMI <21 or yes	Nutrition/eval	
9. "Do you have a problem with urine leaks or	Yes	Incontinence eval	
accidents?"			
10. "Over the past month, have you often been	Yes	GDS or other	
bothered by feeling sad, depressed or hopeless?"		depression	
"During the past month, have you often been		assessment	
bothered by little interest or pleasure in doing			
things?"			
11. Name three objects/re-ask in 5 minutes.	Unable	Folstein or other	
·		assessment	
12. Do you have any problems with any of the	Yes/No	Who assists?	Do you use
following areas?			Any devices?
a. Doing strenuous activities like fast walking			
bicycling?			
b. Cooking?			
c. Shopping?			
d. Doing heavy housework like washing			
windows?			
e. Doing laundry?			
f. Getting to a place beyond walking distance			
by driving or taking a bus?			
g. Managing finances?			
h. Getting out of bed/transferring?			
i. Dressing?			
j. Toileting?			
k. Eating?			
l. Walking?			
m. Bathing (sponge bath, tub, or shower)?			
(For "ves" answers, consider causes, referral to see		1/000	

(For "yes" answers, consider causes, referral to social services and/or home eval/PT)

Other areas of concern: medication adherence and/or side effects, caregiver stress, elder abuse, pain, sexuality, alcohol, advance directives and health care wishes.