

Combining Geriatric Assessment Problem and Intervention Tracking  
 (Use smaller font and run form down, rather than across an 8.5 x 17 page.)  
 .....

LEGEND: (This will be located at beginning or end of the form)  
 most important rec = **only one per patient**. Indicate with \*  
 magnitude of rec: major (2), minor (3)  
 target relatedness: unrelated (1), possibly related (2), clearly related  
 (3)  
 initiated by MD (1), Pt (2)  
 if > than one rec for **this problem**, are recs "and" (1) or "or" (2) ?  
 .....

Study ID#, Patient name, Total Number of Problems, PSN MD initials, Date

I. GERIATRIC PROBLEM (circle one)  
 (Same as before)

II. STATUS (circle one)  
 (Same as before)

(These will fit side by side)

III. RECOMMENDATIONS (circle all that apply)

13. NO RECOMMENDATIONS (01)				
01. DIAGNOSTIC EVALUATION/MONITORING	maj/2 min/3	relate /1-3	MD/1 Pt/2	and/1 or/2
01. dx eval/lab test: _____				
02. dx eval/X-ray/imaging: _____				
03. other dx eval: _____				
04. monitor/re-evaluate when medically stable				
05. dementia work-up				
02. MD REFERRAL FOR EVALUATION/MANAGEMENT	maj/2 min/3	relate /1-3	MD/1 Pt/2	and/1 or/2
01. psychiatry				
02. ophthalmology				
03. orthopedics				
04. GU				
05. gynecology				
06. GI referral				
07. cardiac rehab				
09. other:_____				

<b>03. NON-MD REFERRAL FOR EVALUATION/MANAGEMENT</b>				
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				
11.				
<b>04. MEDICATION ADJUSTMENT</b>				
01.				
02.				
03.				
04.				
05.				
06.				
<b>05. DEVICE, AID, PROCEDURE</b>				
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				
11.				
12.				
13.				

<b>06. DISPOSITION</b>	<b>maj/2 min/3</b>	<b>relate /1-3</b>	<b>MD/1 Pt/2</b>	<b>and/1 or/2</b>
01. board & care placement				
02. live-in attendant				
03. eval/discussion of living situation				
04. other living situation change: _____				
05. HOME HEALTH				
06. Refer: _____				
<b>02. COMMUNITY SERVICES</b>	<b>maj/2 min/3</b>	<b>relate /1-3</b>	<b>MD/1 Pt/2</b>	<b>and/1 or/2</b>
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
<b>11. COUNSELING/PROFESSIONAL SERVICES</b>				
01.				
03.				
04.				
05.				
06.				
<b>12. EDUCATION</b>				
07.				
<b>14. PREVENTION</b>				
01.				
02.				
03.				
04.				
05.				
06.				