

# COMPREHENSIVE ASSESSMENT FORMAT/WORKSHEET<sup>ξ</sup>

## I. Resident identification:

1. Name \_\_\_\_\_ Date \_\_\_\_\_
2. Age \_\_\_\_\_
3. Unit \_\_\_\_\_ (eg. N1, F2, T3)
4. PMD \_\_\_\_\_
5. Reason for visit \_\_\_\_\_ (eg. comprehensive geriatric assessment)
6. Site of visit \_\_\_\_\_ (eg. clinic)
7. Attending \_\_\_\_\_ (“Seen with”)

## II. Chief complaint: \_\_\_\_\_

## III. Assessment summary:

### A. Active medical problems (in descending order of priority):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### B. Psychosocial:

1. Dementia/cognitive impairment
  - a. Presence \_\_\_\_\_
  - b. Severity \_\_\_\_\_
  - c. Etiology \_\_\_\_\_
2. Behavioral manifestations \_\_\_\_\_
3. Depression/anxiety \_\_\_\_\_
4. Other psychiatric conditions \_\_\_\_\_

### C. Functional:

1. Ambulation
  - a. Status/dependence \_\_\_\_\_
  - b. Walking aid \_\_\_\_\_
  - c. Safety \_\_\_\_\_
  - d. H/O Falls \_\_\_\_\_
2. ADLs \_\_\_\_\_
3. Continence \_\_\_\_\_
4. Sensory \_\_\_\_\_

---

<sup>ξ</sup> comprehensive assessment format1.doc; revised 1/2/2000

- a. Vision \_\_\_\_\_
- b. Hearing \_\_\_\_\_

**IV. Recommendations:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**V. Database**

A. HPI/Interim medical Hx (Annual)/Reasons for entering JHA (Postadmission—include IADLs before admission). For a specific presenting problem: a) Location b) Quality c) Severity d) Duration e) Timing f) Context g) Modifying factors h) Associated signs/Sx:

B. Past Medical Hx (if different from above):

- 
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  - 6. \_\_\_\_\_
  - 7. \_\_\_\_\_
  - 8. \_\_\_\_\_
- 

C. Past Surgical Hx:

- 
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  - 6. \_\_\_\_\_
  - 7. \_\_\_\_\_
  - 8. \_\_\_\_\_
- 

D. ROS (circle positive responses):

1. Constitutional: Fever Sweats Fatigue Weakness Weight Loss
2. Eyes: Changes in acuity Blurry vision Diplopia Pain Scotomata
3. Ears, Nose, Throat, Mouth: Hearing loss Ear pain Ear discharge Tinnitus Tooth, gum, or mouth pain Denture problems Headaches Sore throat Hoarseness Epistaxis Sinus tenderness/stuffiness Postnasal drip
4. Cardiovascular: SOB DOE Orthopnea PND Chest pain/discomfort Palpitations Edema Claudication Nocturia X \_\_\_\_\_
5. Respiratory: Cough Wheezing Pleuritic pain
6. GI: Heartburn/reflux Poor appetite N/V Dysphagia Abdominal pain Constipation Diarrhea Rectal bleeding Change in stool color or character Fecal incontinence
7. GU: Dysuria Frequency Hesitancy/slow stream Change in urine characteristics UI
8. Endocrine: Polyphagia Polydipsia Polyuria Heat or cold intolerance
9. Musculoskeletal/Extremities: Joint pain, swelling, stiffness, or decreased ROM Muscle pain Bone pain
10. Skin/Breasts: Lumps, tumors Rashes/redness Pruritis Discharge
11. Hematologic/Lymphatic: Easy bruising Excessive bleeding Swollen lymph nodes
12. Neurologic: Focal weakness Dizziness/vertigo Tremor or other movement disorders Poor balance Falls Incoordination Muscle twitching Numbness/tingling
13. Allergic/Immunologic: Sneezing Itchy, watery eyes
14. Psychiatric: Sadness Anxiety Memory loss, inability to concentrate, or other cognitive disturbance Insomnia Daytime somnolence
15. Other: \_\_\_\_\_

E. Diet \_\_\_\_\_

F. Allergies/Intolerances (state reaction if known):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

G. Medications (including dose and indication):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

H. Advance directives:

- 
1. Decision making capacity \_\_\_\_\_
  2. DPAH (presence and if in effect) \_\_\_\_\_
  3. Attorney in Fact (name, telephone #) \_\_\_\_\_
  4. Treatment status \_\_\_\_\_
  5. Treatment wishes \_\_\_\_\_
- 

I. Social Hx:

- 
1. Prior living location \_\_\_\_\_
  2. Prior PMD \_\_\_\_\_
  3. Relatives \_\_\_\_\_
  4. Smoking Hx \_\_\_\_\_
  5. EtOH Hx \_\_\_\_\_
  6. Educational Hx \_\_\_\_\_
  7. Occupational Hx \_\_\_\_\_
  8. Other \_\_\_\_\_
- 

J. Family Hx (circle positives): Colon ca Breast ca Depression Bipolar Disorder Early Dementia

Other: \_\_\_\_\_  
Age/Cause of Death of Mother/Father \_\_\_\_\_

K. Health/preventive maintenance:

- 
1. Vaccinations  
a. Pneumococcal \_\_\_\_\_  
b. Tetanus \_\_\_\_\_  
c. Influenza \_\_\_\_\_
  2. PPD status \_\_\_\_\_
  3. TB Sx Questionnaire \_\_\_\_\_
  4. Nutrition  
a. Usual wt \_\_\_\_\_  
b. Wt loss over past yr \_\_\_\_\_  
c. Appetite/PO intake \_\_\_\_\_
  5. Dental \_\_\_\_\_
  6. Audiology \_\_\_\_\_
  7. Podiatry \_\_\_\_\_
  8. Vision \_\_\_\_\_
  9. Gyn \_\_\_\_\_
  10. Mammograms \_\_\_\_\_
  11. Osteoporosis \_\_\_\_\_
- 

L. Imaging studies/tests (results, date):

- 
1. ECHO \_\_\_\_\_
  2. CT Brain \_\_\_\_\_
  3. MRI Brain \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
- 

M. Consultants (who, why, when):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

N. Functional status assessments:

1. Changes in MDS/RAPs (in SNF) \_\_\_\_\_
2. Tinetti Balance \_\_\_\_\_  
Gait \_\_\_\_\_
3. MMSE \_\_\_\_\_
4. Clock \_\_\_\_\_
5. Cube \_\_\_\_\_
6. GDS \_\_\_\_\_

O. Physical Exam:

1. Vital Signs:

- a. Temperature \_\_\_\_\_
- b. Respiratory Rate \_\_\_\_\_
- c. Supine Heartrate \_\_\_\_\_ (circle) Regular Irregular
- d. Supine BP \_\_\_\_\_
- e. Standing 1 min HR \_\_\_\_\_ BP \_\_\_\_\_ Dizzy? \_\_\_\_\_
- f. Standing 3 min HR \_\_\_\_\_ BP \_\_\_\_\_ Dizzy? \_\_\_\_\_
- g. Standing 5 min HR \_\_\_\_\_ BP \_\_\_\_\_ Dizzy? \_\_\_\_\_
- h. Weight (without shoes) \_\_\_\_\_
- i. Height (without shoes) \_\_\_\_\_ BMI \_\_\_\_\_

2. General appearance: \_\_\_\_\_

3. Eyes:

- a. Conjunctivae \_\_\_\_\_ Lids \_\_\_\_\_
- b. Pupillary light/accomodative reactions \_\_\_\_\_
- c. Fundi \_\_\_\_\_

4. Ears, Nose, Mouth, Throat:

- a. Appearance of ears, nose \_\_\_\_\_
- b. Otoscopic exam of ears \_\_\_\_\_
- c. Hearing \_\_\_\_\_
- d. Nasal mucosa, septum, turbinates \_\_\_\_\_
- e. Lips, teeth, gums \_\_\_\_\_
- f. Oropharynx \_\_\_\_\_

5. Neck:

- a. Suppleness\*, symmetry, trachea, masses \_\_\_\_\_
- b. Thyroid \_\_\_\_\_

6. Respiratory:

- a. Respiratory effort \_\_\_\_\_

- b. Percussion \_\_\_\_\_
- c. Palpation \_\_\_\_\_
- d. Auscultation \_\_\_\_\_

7. Cardiovascular:

---

- a. JVP\* \_\_\_\_\_
- b. PMI, thrills \_\_\_\_\_
- c. Auscultation \_\_\_\_\_
- d. Carotid arteries \_\_\_\_\_
- e. Abdominal aorta \_\_\_\_\_
- f. Femoral arteries \_\_\_\_\_
- g. DPs, TPs \_\_\_\_\_
- h. Edema, varicosities \_\_\_\_\_

8. Breasts/Axillary LNs:

---

- a. Symmetry, discharge \_\_\_\_\_
- b. Masses, tenderness \_\_\_\_\_

9. Abdomen:

---

- a. Appearance, tenderness, distention, masses \_\_\_\_\_
- b. Bowel sounds\* \_\_\_\_\_
- c. Liver/spleen \_\_\_\_\_
- d. Hernias \_\_\_\_\_
- e. Rectal \_\_\_\_\_

10. GU:

---

- a. Scrotum & contents \_\_\_\_\_
- b. Penis \_\_\_\_\_
- c. Prostate \_\_\_\_\_
- d. External genitalia \_\_\_\_\_
- e. Pelvic \_\_\_\_\_

11. Lymphatic:

---

- a. Neck \_\_\_\_\_
- b. Axilla \_\_\_\_\_
- c. Groin \_\_\_\_\_
- d. Other \_\_\_\_\_

12. Musculoskeletal:

---

- a. Station/posture, gait/balance \_\_\_\_\_
- b. Digits/nails \_\_\_\_\_
- c. Specific joints, bones, muscles \_\_\_\_\_
- d. Muscle strength/tone \_\_\_\_\_

13. Skin:

---

- a. Inspection \_\_\_\_\_
- b. Palpation \_\_\_\_\_

14. Neurologic:

---

- a. EOMs/CNs \_\_\_\_\_
  - b. DTRs/plantar reflexes \_\_\_\_\_
  - c. Sensation \_\_\_\_\_
  - d. Vibration/proprioception\* \_\_\_\_\_
  - e. RAM (fine finger movements)\* \_\_\_\_\_
  - f. Finger to Nose\* \_\_\_\_\_
  - g. Other \_\_\_\_\_
- 

15. Psychiatric:

---

- a. Judgement/insight \_\_\_\_\_
  - b. Orientation to time, place, person \_\_\_\_\_
  - c. Recent/remote memory \_\_\_\_\_
  - d. Mood/affect \_\_\_\_\_
- 

16. Other:

---

O. Labs/other tests (list relevant results only + EKG and CXR):

---

H/H  
BUN/Cr  
FTI/TSH  
Vit B12/MMA

IV. Discussion

Is the resident appropriately placed? (B&C vs. SNF)

V. Were Dxs given to resident? \_\_\_\_\_

Why not? \_\_\_\_\_ (eg. dementia)

Was education of the resident done? \_\_\_\_\_

VI. Rehabilitation potential (good, fair, poor, not a candidate for future rehabilitation)