

## Preassessment Report

### COMPREHESIVE GERIATRIC ASSESSMENT

Date : 16/10/2023

Time : 03:20 AM

Assessment done by : Dr. mohan garad vishal

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#### Personal Details

Preassessment No. : PREASSES00034

Name of Applicant : **demo**

Date of Birth : 0000-00-00

Age :

Gender : Male

Marital Status :

Contact No. :

Email :

Aadhar Number :

Religion : **Hindu**

Permanent Address :

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#### Family

Name of Father :

Name of Mother :

Name of Sibling :

Name of Spouse :

Permanent Address :

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#### Details of Children

Name :

Address :

Contact No. :

Email :

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#### Local Guardian

Name of Local Guardin : etwe

Address : set

Contact No. : yiyt

Email :

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**Have you appointed a Power of Attorney (POA) and/or Health Care Proxy (HCP) : Yes**

Name of POA/HCP Holder : Contact No. : zfsfd

Email :

Address :

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**TREATING DOCTOR**

Name of Doctor : Contact No. :

Email : Clinic/Hospital Name :

**Diagnosis**

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Diagnosis :

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**Case History**

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Present History : Past History : aDA

**DETAILS OF CURRENT MEDICATIONS**

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Name of Medicine	Dose	Frequency	Duration
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**ALLERGIES**

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Drug : Food :

Any Other : DEWORMING medicine last taken on  
Date :

**IMMUNIZATION HISTORY**

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Type of Vaccine	Name of vaccine	Date given	Next due date
Tetanus			
Influenza			
Pneumococcal			
Typhoid			

## COVID19

1st Vaccine :

2nd Vaccine :

3rd Vaccine :

## GENERAL EXAMINATION

Head :

Neck :

### Ears

Hearing :

Hearing Aid : Yes

Nose :

Throat :

### Eye

Eye Vision :

Spectacles : Yes

Cataract : Right

Glaucoma : Yes

Oral Exam :

Ulcers / Tumour :

Dental exam :

Dentures : Yes

Tongue :

Skin :

Petechial Haemorrhages :

Bruises :

Rashes :

Bed sore :

Pedal Oedema :

DVT :

Varicose Veins :

Foot Examination :

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## PERSONAL HISTORY

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Diet :

Habits :

Exercise :

Does the patient is recommended  
physiotherapy or rehabilitation services?  
: Yes

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## PHYSICAL EXAMINATION

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### Vitals

Temp :

Pulse :

BP :

RR :

SPO2 :

Appearance :

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## SYSTEMIC EXAMINATION

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Respiratory System :

Cardiovascular system :

Gastrointestinal System :

Genito Urinary System :

Neurological System :

Musculoskeletal system :

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## PSYCHOLOGICAL & BEHAVIOURAL CONDITION

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Agitation & Aggression :

Violence :

Need of Bed Restrain :

Wandering :

Sleep :

Inappropriate Behaviour with Care :

Diagnostic Tests :

TYPICAL DAY OF APPLICANT :

SPMSQ Test Total no. of error :

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### **CLOCK DRAWING TEST**

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Score :

Remark :

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### **GERIATRIC DEPRESSION SCALE**

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Score :

Remark :

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### **BARTHEL INDEX**

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Bowels Score :

Bladder Score :

Toilet Score :

Bathing Score :

Grooming Score :

Dressing Score :

Feeding Score :

Transfer Score :

Mobility Score :

Stairs Score :

Total Score :

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### **Fall Risk Assessment**

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You have fallen in the past year? : No

Do you use or have been advised to use  
a stick or walker to move around safely?  
: No

Do you feel unsteady while you are  
walking ? : No

Do you steady yourself by holding onto  
furniture while walking at home? : No

You are worried about falling? : No

Do You need to push with your hands to stand up from a chair? : No

Do You have some trouble to stepping up onto a curb? : No

Do you often have to rush to the toilet? : No

Have lost some feeling in your feet? : No

Do you take medicine that sometimes make you feel light-headed or more tired than usual? : No

Do you take medicine to help you sleep or improve your mood? : No

I often feel sad or depressed? : No

Add up the points for each “Yes” answer. If subject score 4 or more points the subject may be at the risk of falling :

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### TIME UP AND GO TEST

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Test Score :

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### 30 Second Chair Stand Test

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Chair Stand Below Average Scores

AGE	MEN	WOMEN
60-64	<14	<12
65-69	<12	<11
70-74	<12	<10
75-79	<11	<10
80-84	<10	<9
85-89	<8	<8
90-94	<7	<4

Score :

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Observation by Doctor :

Recommendation :

Eligible for ALF : Yes

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