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Resources for the Comprehensive Geriatric Assessment based

Proactive and Personalised Primary Care of the Elderly

AGEDAT

Purpose : Annual notes template for the full Comprehensive Geriatric Assessment

Admin time : x min.   variable

User Friendly : High

Administered by : GP or nurse

Content : Template for the yearly recording of CGA data

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for the year :

Address

Title		Add 1	
First name		Add2	
Surname		Add 3	
Date of birth		**Age**	Town
NHS (GMS) no.		Postcode	
Home language		Tel.	

Resident at : ☐ Home   ☐ Care Home   ☐ Other :

Marital Status : ☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed

Name of spouse :

Name(s) of offspring :

Educational Level :

Main Lifelong Occupation :

Name of Caregiver :

Advanced Directive : ☐ Yes   ☐ No

Caregiver Relationship :
☐ Spouse
☐ Sibling
☐ Offspring
☐ Other

DNR Directve : ☐ Yes   ☐ No

Clinical Frailty Score (Rockwood Scale) :
☐ Very fit   ☐ Vulnerable   ☐ Severely frail
☐ Well   ☐ Mildly frail   ☐ Very severely frail
☐ Managing well   ☐ Moderately frail   ☐ Terminally ill

Caregiver Occupation :

Caregiver tel. :

GP Practice :

Abbreviations :
P1 = Jan-Apr
P2 = May-Aug
P3 = Sep-Dec

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1. Personal Data

Education :   **Religion and Values:**

Food Likes :   **Food Dislikes :**

Hobbies / Favourite Activities :   **Pets :**

Topics for Reminiscence :

Caregiver stress :   ☐ None   ☐ Low   ☐ Moderate   ☐ High

Nota Bene :

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2. Medical

Allergies :

Vaccinations :   **Date:**   **Vaccine :**

	Date	Vaccine
Influenza		
Pneumonia		

Long Term Conditions   Supervised by :

	Long Term Conditions	Supervised by
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Recurring Conditions :

1	
2	
3	
4	
5	

Regular Clinics / Therapies :

1	
2	
3	
4	
5	

Medication :   Dose :   Date Started :   Date Ended :

	Medication	Dose	Date Started	Date Ended
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Medication Review Dates :

P1	
P2	
P3	

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	Surgical History	Date :	Sequelae :
1			
2			
3			
4			
5			

Height :

Weight :

	Kg.	BMI
P1 :		
P2 :		
P3 :		

Renal :

	Lab. Results :	Date :
eGFR :		
CKD stage :		
ACR :		
PCR :		

Cardiac :

	Lab. Results :	Date :
Tot. chol.		
Trig.		
Q score		

Bone:

	Lab. Results :	Date :
Vit D		
TUG score		
Frax score		

Haem. :

	Lab. Results :	Date :
Hb.		
WCC		
Platelets		

Other :

	Lab. Results :	Date :

Appetite :

P1 :	☐ Within Normal Limits	☐ Fair	☐ Poor
P2 :	☐ Within Normal Limits	☐ Fair	☐ Poor
P3 :	☐ Within Normal Limits	☐ Fair	☐ Poor

Swallow :

P1 :	☐ Within Normal Limits	☐ Impaired Solids	☐ Impaired Fluids
P2 :	☐ Within Normal Limits	☐ Impaired Solids	☐ Impaired Fluids
P3 :	☐ Within Normal Limits	☐ Impaired Solids	☐ Impaired Fluids

Elimination - Bowel :

P1 :	☐ Continent	☐ Incontinent	☐ Constipated
P2 :	☐ Continent	☐ Incontinent	☐ Constipated
P3 :	☐ Continent	☐ Incontinent	☐ Constipated

Elimination - Bladder :

P1 :	☐ Continent	☐ Incontinent	☐ Constipated
P2 :	☐ Continent	☐ Incontinent	☐ Constipated
P3 :	☐ Continent	☐ Incontinent	☐ Constipated

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3. Functional

Speech : ☐ Within normal limits ☐ Impaired

Vision : ☐ Within normal limits ☐ Impaired

Hearing : ☐ Within normal limits ☐ Impaired

Understanding : ☐ Within normal limits ☐ Impaired

Upper Body Strength : ☐ Within normal limits ☐ Impaired

Balance: ☐ Within normal limits ☐ Impaired

Lower Body Strength : ☐ Within normal limits ☐ Impaired

Falls : ☐ None ☐ Yes ☐ Number

Walk inside : ☐ Independent ☐ Slow ☐ Assisted ☐ Dependent

Walk outside : ☐ Independent ☐ Slow ☐ Assisted ☐ Dependent

Transfers : ☐ Independent ☐ Slow ☐ Assisted ☐ Dependent

Bed (in/out) : ☐ Independent ☐ Slow ☐ Assisted ☐ Dependent

Aid use : ☐ None ☐ Stick ☐ Frame ☐ Chair

Excercise : ☐ Frequent ☐ Occasional ☐ None

ADLS :

Feeding	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Bathing	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Dressing	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Toileting	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year

IADLS :

Cooking	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Cleaning	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Shopping	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Medication	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Driving	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year
Banking	☐ Independent	☐ Assisted	☐ Dependent	☐ Changed in past year

4. Psychological

Cognition : ☐ Within Normal Limits   ☐ Mild Cognitive Impairment   ☐ Dementia

Delirium : ☐ From :   ☐ To :   Note :

Assessment scores / dates :

Emotion : ☐ Within Normal Limits   ☐ Low Mood   ☐ Anxiety
☐ Hallucinations   ☐ Depression   ☐ Other :

Health Attitude / Motivation
☐ Excellent   ☐ Good   ☐ Poor

Sleep : ☐ Within Normal Limits   ☐ Disrupted   ☐ Daytime Drowsiness

5. Social and Environmental

Social Engagement:
☐ Frequent   ☐ Occasional   ☐ None

Social Activities:

Current Social Support:

Finance : ☐ Sufficient   ☐ Break Even   ☐ Insufficient

Driving : ☐ Yes   ☐ No   Notes :

Pets : ☐ Yes   ☐ No   Notes :

Personal Safety Concerns :
☐ Yes   ☐ No   Notes :

Home Safety Concerns :
☐ Yes   ☐ No   Notes :

Formal Social Assessment :
Date :   Notes :

Formal Environmental Assessment :
Date :   Notes :

Perceived needs :

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6. Advanced Care Planning

Concerns about Capacity: ☐ Yes ☐ No Notes :

Advance Directive: ☐ Yes ☐ No Notes :

CPR Decision: ☐ Yes ☐ No Notes :

Will: ☐ Yes ☐ No Notes :

Power of Attorney : ☐ Yes ☐ No Name :
Relationship :

7. Problem List

	Problem:	**Action Required:**	**Action by :**	**Notes:**
1				
2				
3				
4				
5				

8. Record of visits/interventions

	Imaging	**Date :**	**Result :**
1			
2			
3			
4			
5			

	Special investigations	**Date :**	**Result :**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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Other visits / interventions   **Date :**   **Result :**

1			
2			
3			
4			
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