eFit electronic Frailty Interprofessional Toolkit — Geriatric Periodic Health Exam > eForm

Centre for Studies in Aging & Health — Providence Care

Patient Name (First/Last Name)

First Name Last Name

Address

Patient Birthdate

1960-01-31

Presenting health concerns:

Complete Clinical Frailty Scale

select degree

View the Clinical Frailty Scale Online:
http://camapcanada.ca/Frailtyscale.pdf

Details of Clinical Frailty Scale:

Please enter information about CFS findings...

Plans for CFS related care:

Please indicate plans for CFS related care...

1. Review Patient Self-asessment
2. If a check box is checked below further assessment is required and documented in the form.

	Geriatric Issues	Pg #		Common Co-morbidities	Pg #		Other	Pg #
☐	1. Vision	2	☐	14. Asthma	6	☐	27. Dental	12
☐	2. Hearing	2	☐	15. Cancer	6-7	☐	28. Lifestyle Issues	12-13
☐	3. Communication	2	☐	16. Diabetes	8-9	☐	29. Sleep	14
☐	4. Cognition	2	☐	17. Nutrition/Obesity/Low BMI	9	☐	30. Abuse	14
☐	5. Delirium	3	☐	18. Arthritis	9	☐	31. Other	14
☐	6. Depression	3	☐	19. Cardiovascular Risk Factors	10			
☐	7. Balance/Falls/Mobility	4	☐	20. Stroke	10			
☐	8. ADL	4	☐	21. Osteoporosis	10			
☐	9. IADL	4	☐	22. Pain	11			
☐	10. Caregiver Support	4	☐	23. Parkinson's and Related Diseases	11			
☐	11. Continence	5	☐	24. Driving	12			
☐	12. Bowel	5	☐	25. Advance Care Planning	12			
☐	13. Medications/ Polypharmacy	5	☐	26. Immunizations	12			

Notes:

Please enter comments/notes on follow-up care...

Geriatric PHE Summary/Follow-Up: Part 1 > 4.2: Vision, Hearing, Communication & Cognition

Issue	Screen	Explanation	Follow-up
1. Vision	☐ Snellen Eye Chart indicates a change in vision.	Referral to: First Name Last Name Date of Referral: 2019-01-31	Y ☐
2. Hearing	If difficulties in hearing have been detected complete the **Whisper Test**: Three (3) whispered words out of field of vision. ☐ Failed?	**Fail** = Failure to correctly repeat three (3) whispered numbers or self-identified difficulties with hearing.	Y ☐
3. Communication	☐ You have trouble communicating your wishes to people. ☐ You have trouble finding words. ☐ You have trouble recalling names.	Notes: Please enter any comments or notes on communication challenges...	Y ☐
4.1 Cognition	If the individual is high risk. e.g. advanced age, positive family history and vascular risk factors, undertake screening.		Y ☐
4.2.Cognition	1. **Registration:** Instruct individual to listen carefully to and remember three (3) unrelated words and then to repeat the words. (e.g. House, Tree, Car). 2. **Animal Naming**: Ask individual to name as many four-legged animals as possible in one minute. 3. **Clock Drawing:** Instruct the individual to draw the face of a clock, either on a blank sheet of paper or on a sheet, within an existing blank clock face. After individual puts the numbers on the clock face, ask him/her to draw the hands of the clock to read a specific time, such as 11:10. These instructions can be repeated, but no additional instructions should be given. Give patient as much time as needed to complete the task. The CDT serves as the recall distraction. 4. **3-Item Recall**: Ask the individual to **repeat** the 3 words presented in **Step 1.** Use the **Clock Drawing tool** found in eFIT. *Retain copy of drawing for patient documentation.*	Any of the following indicates a need for further cognitive assessment:	Y ☐

Test	Negative	Positive
3 Item Recall	2 or 3 words recalled	0 or 1 word recalled
Animal Naming	=> 15 animals recalled	< 15 animals
Clock Drawing	Normal clock or only minor irregularities in number placement with correct position	Abnormal Clock

Summary of Findings for 4.2 Cognition

3 Item recall ☐ Positive

Animal Naming ☐ Positive

Clock Drawing ☐ Positive

Geriatric PHE Summary/Follow-Up: Part 5 & 6: Delirium & Depression

Issue	Screen	Explanation	Follow-up
5. Delirium	Recent hospitalization or relocation where person experienced delirium with symptoms such as: ☐ Altered level of consciousness ☐ Disorientation ☐ Memory deficits ☐ Language disruption ☐ Inability to pay attention ***Causes:*** multifactorial-neoplastic; infection/inflammation; metabolic; drug effects (idiosyncratic, overdose, withdrawal; cardiopulmonary; pain; malnutrition, dehydration; visual/hearing problems. **Use Confusion Assessment Method tool found in eFIT**	If positive for delirium instruct and encourage the family to: ☐ Provide gentle repeated reassurance to the person ☐ Ensure presence of well-known family who is calming ☐ Provide a quiet environment, well lit, use a night light. ☐ Of possibility of increased confusion in evening/nigh time ☐ Keep the person hydrated and eating ☐ Encourage family to keep a journal **CarePlan:**	Y ☐
6. Depression	Score from Patient Form 5-item Geriatric Depression **Use tool for 5 item Geriatric Depression Scale from eFIT.** **Findings:**	2 or more BOLDED answers from Patient Form suggests referral for further investigation. *NOTE: This screening does not asses suicide risk.* ***If screening for suicide is required use Suicide Risk Assessment tool found in eFIT.*** **Care Plan:**	Y ☐

Geriatric PHE Summary/Follow-Up: Part 7 > 10: Balance, Falls & Mobility, ADL, IADL & Caregiver Support

Issue	Screen	Explanation	Follow-up
7.1 Balance	Any concern regarding feelings of unsteadiness when: ☐ Person stands ☐ Person changes direction when walking If yes, consider conducting TUG test	**If TUG test fail then Conduct Barthel Index Assessment.** Retain copy of assessment for patient record. OT Referral Date: 2019-01-31	Y ☐
7.2. Falls & Mobility	☐ You've fallen within the **last 12 months** and sought medical attention after a fall or you have a fear of falling. ☐ Performed **Timed Up and Go (TUG):** Time the individual as he/she: 1. Rises from a firm chair with arms (can push off from arm rests). 2. Walks three metres at normal pace (with walking aid if normally used). 3. Turns around, and returns to sit in the chair).	**TUG Results:** < 10 seconds = freely independent. < 20 seconds = independent in basic tub / shower. transfers, able to climb most stairs & go outside alone. < 30 seconds = dependent in most activities. Drop in 20 mm Hg Systolic or 10 mm Hg Diastolic Note any orthostatic symptoms suggest postural hypotension.	Y ☐
8. ADL	You have any difficulties or need reminding about the following everyday activities ☐ Walking ☐ Transfers ☐ Toileting ☐ Eating ☐ Grooming ☐ Bathing ☐ Dressing Upper Body ☐ Dressing Lower Body		Y ☐
9. IADL	You receive assistance with which of the following: ☐ Managing medications ☐ Preparing meal ☐ Using the phone ☐ Housework ☐ Laundry ☐ Using Transporation ☐ Shopping ☐ Managing finances/banking		Y ☐
10. Caregiver Support	☐ You feel isolated and/or unsupported. ☐ You receive assistance with managing the daily activities in your own life. If you get help, by whom? Spouse / Sibling / Offspring / Other Relative / Friend / Community Support / Hired Assistance How Often: Daily / Weekly / Monthly / Upon demand / Sporadically / Rarely	Caregiver requests for assistance: Please enter details of the caregiver's request for support... ☐ Caregiver requires follow up to arrange supports	Y ☐

Geriatric PHE Summary/Follow-Up: Part 11 > 13: Continence, Bowel, Medications & Polypharmacy

Issue	Screen	Follow-up
11. Continence	☐ You have any problems with involuntary loss of water/urine. Yes to urine loss = need for further assessment. Referral to: First Name Last Name Referral Date: 2019-01-31	Y ☐
12. Bowel	☐ 1. You get constipated. If Yes, describe what constipation means to you and how you manage it in the text box provided. Please enter person's strategies for managing constipation... ☐ 2. There been a change in your regular bowel habit. If Yes, are you going more or less frequently. (Choose from the dropdown list to the right) No change / Less frequently / More frequently ☐ 3. There has been a change in usual stool consistency. If yes, describe the change in the text box provided to the right. Please enter description of changes in stool consistency... Referral To: First Name Last Name Referral Date: 2019-01-31	Y ☐
13. Medications Polypharmacy	☐ Number of prescribed drugs: > 5 **prescription** drugs ☐ Number of over the counter medications: > 3 **over the counter** drugs Challenges / Barriers / Concerns Review **Stopp/Start Guideline** or **Beers Criteria Pocket Guide** found in **eFIT** Guidelines & Protocol section List medications and OTC Plan of Care: Please enter information about the plan of care regarding medications and polypharmacy...	Y ☐

Geriatric PHE Summary/Follow-Up: Part 14 & 15: Asthma/COPD, Cancers: Colon, Cervical & Breast

Issue	Screen	Explanation	Follow-up
14. Asthma / COPD	**History of:** ☐ COPD ☐ Asthma ☐ PND or Sleep Apnea ☐ Use of inhalation devices ☐ Use of in-home O2 ☐ History or Current Smoking ☐ Daily / productive cough	**Consider home O2 if any of the following are present:** ☐ Chronic hypoxemia on room air at rest ☐ Pa02 of 55mmHg or less ☐ Sa02 of 88 per cent or less ☐ Persistent Pa02 in the range of 56 to 60 mmHg ☐ Cor Pulmonale, pulmonary hypertension or persistent erythrocytosis present	Y ☐
15. Cancer Prevention: http://www.ontla.on.ca/library/repository/mon/27004/321753.pdf			**Follow-up**
Colon	Date of last **Fecal Occult Blood Test** (FOBT): 2019-01-31 (Screening method for average risk people between the ages of 50 and 74)	Recommendation: that men and women between the ages of **50 and 74**, who do not have a family history of colorectal cancer and do not have symptoms, be screened every two years using an FOBT. FOBT performed every 2 years, with a colonoscopy for those who test positive.	Y ☐
Cervical	Date of last **Pap Smear:** 2019-01-31 ☐ Treated for dysplasia or are immuno-compromised > Should continue screening according to the guidelines ☐ Subtotal hysterectomy and retained their cervix > Should have annual screening	Based on the latest clinical evidence, cervical cancer screening every three years is effective. Pap tests can stop at age 70 in women who have had three or more normal tests in the prior 10 years.	Y ☐
Breast	Date of last **Mammogram**: 2019-01-31 **> 74 yrs** can be screened at OBSP following discussion with HCP	**50–74, mammogram every 2 years (OBSP)** OBSP screens women aged 30-69 years with confirmed high risk; also OBSP arrange appropriate genetic assessment & annual mammography & breast MRI.	Y ☐

Geriatric PHE Summary/Follow-Up: Part 7 Continued - Cancers: Skin & Prostate

Issue	Screen	Explanation	Follow-up
Skin	Date of any screening for **Skin Cancer** or counseling for self-screening: 2019-01-31 Assess risk for "very high risk" or "high risk"	Screening completed annually for **very high risk individuals by HCP trained in screening**. (see step by step self-screening guide) High risk individuals periodically counseled for self-screening.	Y ☐
	High Risk (any of the following): ☐ Immunosuppressive therapy after organ transplantation. ☐ History of skin cancer. ☐ 2 or > 10 relatives with Melanoma. ☐ 100 nevi in total or 5+ atypical nevi. ☐ 250 treatments with psoralen-ultraviolet A radiation (PUVA) for psoriasis. ☐ Receive radiation therapy for cancer as a child.	**High** Risk (any of the following): ☐ 1% relative with Melanoma. ☐ 50-100 nevi. ☐ 1 or > atypical (dysplastic) nevi. ☐ Naturally red or blond hair. ☐ A tendency to freckle. ☐ Skin that burns easily and tans poorly or not at all.	Y ☐
Prostate	Date of any prostate cancer screening with **PSA** or **DRE**: Symptoms of metastatic prostate cancer: ☐ Suspicious low back pain with tenderness ☐ Severe bone pain ☐ Weight loss, especially the elderly	**DRE** for men 40 or > and **PSA** if; ☐ Unexplained symptoms of metastatic prostate cancer ☐ Lower urinary tract symptoms: DRE & consider PSA ☐ Incidental elevated age based PSA	Y ☐
	http://www.health.gov.on.ca/english/providers/pub/cancer/psa/psa_summary/summary.html		

Geriatric PHE Summary/Follow-Up > Part 16 - Diabetes

Issue	Screen	Explanation	Follow-up
16. Diabetes	**Measure fasting plasma glucose** Date Last FPG: 2019-01-31 Value: mmol/L Date Last A1: 2019-01-31 Value % Enquire about hypoglycemia episodes at each visit. Discuss recognition and treatment of hypoglycemia and risk/ benefit of hypoglycemia and pharmacologic management. **# Hypoglycemic episodes:** **NB:** *Avoidance of hypoglycemia especially in the elderly, those with hypoglycemia unawareness, and those with criteria for less stringent control.* http://guidelines.diabetes.ca/cpg/chapter37	**Self-management** + Pre-meal (mmol/L) = 4.0-7.0 mmol/L for most patients 2hr + Post-meal (mmol/L) = 5.0-10.0 mmol/L for most patients. 5.0-8.0 mmol/L if not achieving A1C target. **Pre-diabetic:** A1C of 6% to 6.4% If A1C ≥ 6.5% and if FPG >7.0 mmol/L conduct a 75 g oral GTT. **Diabetic:** (A1C ≤7.0% for most patients. Individualized based on life expectancy, functional dependency, extensive coronary artery disease at high risk of ischemia, multiple comorbidities, recurrent severe hypoglycemia, hypoglycemia unawareness, longstanding diabetes unable to achieve A1C ≤7% despite best efforts (including intensified insulin).	Y
Vision (item 1) – Snellen Eye Chart Last ophthalmologist assessment Date: 2019-01-31 **Type 1 diabetes**-Screen 5 years after diagnosis, then rescreen annually **Type 2 diabetes**-Screen at diagnosis and 1-2 years after initial screening if no retinopathy is present. **Consider fundoscopy or fundus photography if IDDM and vision deficits present.**	The interval for follow-up assessment should be tailored to the severity of the retinopathy. Screening should be conducted by an experienced eye care professional. Referral to: First Name Last Name Referral Date: 2019-01-31		Y
Feet and Skin ☐ Presence and appearance of any wounds. # of wounds: Location of wounds: **Type 1 diabetes**-Screen 5 years duration and annually **Type 2 diabetes**-Screen at diagnosis, then annually Screen for neuropathy with 10-g monofilament or 128 Hz tuning fork at dorsum of great toe. *In foot exam look for: structural abnormalities, neuropathy, vascular disease, ulceration, infection.	If ulcer present: manage with multidisciplinary team with expertise or Consult. Consider referral for dressings and/or general surgeon for wounds not healing. If **neuropathy** present provide: ☐ Foot care education ☐ Specialized footwear ☐ Smoking cessation Referral to: Referral Date: 2019-01-31		Y

Geriatric PHE Summary/Follow-Up > Part 16 Continued 17 & 18 - Diabetes: CKD, Nutrition & Obesity & Arthritis

Issue	Screen	Explanation	Follow-up
16. Diabetes & CAD	**Conduct CAD risk assessment periodically** CV History: ☐ Abdominal obesity ☐ Lipid profile ☐ BP ☐ Reduced pulses ☐ Bruit present ☐ Glycemia controlled ☐ Retinopathy present ☐ eGFR ☐ ACR Baseline ECG and every 2 years if > 40 yrs, Diabetes > 15yrs &/or cardiac risk factor. Repeat EKG every 2 years.	**Vascular Protection**: First priority in prevention of diabetes complications is reduction of cardiovascular risk by vascular protection. All people with DM: optimize: BP, glycemic control and lifestyle **Statin if:** age ≥40 years OR macro OR microvascular disease OR long duration of DM (DM >15 years and age >30 years) **ACEi or ARB** if: age ≥55 years OR macro OR microvascular disease	Y ☐
16. Diabetes & Chronic Kidney Disease (CKD)	**Assessment of renal function:** ☐ Normal ACR > 2.0 mg/mmol ☐ Normal eGFR > 60 mL/min ☐ Serum creatinine converted to eGFR: 1.00 Identification of **CKD** requires screening for proteinuria using random urine **ACR** from 2 out of 3 samples over 3 months.	**Guidelines** **Type 1 diabetes** = Screen at 5 years duration and then annually if no CKD. **Type 2 diabetes** = Screen at diagnosis and then yearly if no CKD. **http://guidelines.diabetes.ca/cpg/chapter29**	Y ☐
17. Nutrition & Obesity	Ht (cm): 1.00 Wt (kg): 1.00 Waist circumstance (cm): **BMI:** 10,000.0 (**BMI** = weight(kg)/height(m)2) Meet nutritional needs by following **Eating Well with Canada's Food Guide.**	***Monitor WC*** ***BMI** 'normal' range is 18.5-24.9. BMI of 25 - 29.9 is considered 'overweight' and a BMI of 30 or more is considered 'obese' for elderly people.*	Y ☐
18. Arthritis	Atypical presentations of Arthritis: ☐ Fatigue ☐ Weight loss ☐ Myalgia ☐ Lymphadenopathy ☐ Polymyalgia rheumatica (PMR) symptoms.	Refer to rheumatology. Referral to: First Name Last Name Referral Date: 2019-01-31	Y ☐

Geriatric PHE Summary/Follow-Up: Part 18 > 21: Cardiovascular Risk, Stroke & Osteoporosis

Issue	Screen	Explanation	Follow-up
19. Cardio-vascular Risk Assessment	**Lipid profile** (mmol/l) (TC, HDL-C, TG and calculated LDL-C should be measured): ☐ Abnormal results (Total cholesterol to HDL ratio as a target no longer used by CDA) **Blood Pressure Measure BP at diagnosis and at every diabetes clinic visit.** **Optimal Blood Pressure 130/80 mm Hg** *Note: <115/70 may bring on symptoms of hypotension. Causes noticeable signs and symptoms of hypotension such as dizziness, fainting, lack of concentration, blurred vision, nausea, fatigue, rapid breathing and cold/pale skin.*	***HDL-C* <1.0 mmol/L in males, <1.3 mmol/L in females** *Lipid targets for those who need therapy: Primary target: LDL ≤2.0 mmol/L or ≥50% reduction* *Alternate Primary target: apo B ≤0.8 g/L or non-HDL-C ≤2.6 mmol/L* **BP is** ☐ ☐ > 130/80 mm Hg **CDA Clinical practice Guidelines 2013**	Y ☐
20. Stroke	☐ Vascular risk factors present: DM/HBP/AF/Hyperlipidemia/CAD/smoking/ Monitor/assess for Depression & Dementia with **eFit** assessment tools ☐ Depression noted ☐ Dementia noted	• In patients with Paroxysmal Atrial fibrillation consider anticoagulation if Afib detected after stroke. • In patients with stroke and TIA consider anticoagulation (Warfarin for TIA to prevent systemic emboli. • In patients with clinical cardiac disease and no pre-existing indications for anticoagulation consider referral to cardiology.	Y ☐
21. Osteoporosis	Amount of Vitamin D: ☐ (I.U. OD) Calcium in food: ☐ (servings per day) Those over 50 Vitamin D: should receive 800 – 2,000 IU daily. Calcium in food: equivalent of 1 good serving of dairy at each meal. Daily Calcium Requirement (this includes your diet and supplements) is 1200 mg.	If patients have a chronic medical condition or medication that puts you at high risk for fractures, consider BMD. If height loss: 2 cm and/or kyposis consider spinal x-ray.	Y ☐
	2010 Clinical practice Guidelines taken from http://www.osteoporosis.ca/		

Geriatric PHE Summary/Follow-Up: Part 22 & 23: - Pain, Parkinson's & Driving

Older Adults ≥ 50 years: ☑

- ☐ Age 65 > years
- ☐ Menopausal women & men 50-64 with clinical risk factors for fractures Fragility
- ☐ fracture after age 40
- ☐ Prolonged glucocorticoid therapy *
- ☐ Other high risk medication use*
- ☐ Parental hip fracture
- ☐ Vertebral fracture or osteopenia on x-ray
- ☐ Current smoking
- ☐ High alcohol intake
- ☐ Low body weight (<60 kg) or major weight loss >10% of weight at age 25
- ☐ Rheumatoid arthritis

Other associated disorders: ☑

- ☐ Primary hyperparathyroidism
- ☐ Type 1 diabetes
- ☐ Osteogenesis imperfect
- ☐ Uncontrolled hyperthyroidism
- ☐ Hypogonadism
- ☐ Premature menopause < 45yrs
- ☐ Cushing's disease
- ☐ Chronic malnutrition or malabsorption;
- ☐ Chronic liver disease
- ☐ COPD & Chronic inflammatory conditions (e.g. IBD)

More than ≥ 3 mo. In the prior year of a prednisone dose ≥ 7.5 mg e.g.: aromatase inhibitors, androgen deprivation therapy.

Issue	Screen	Follow-up
22. Pain	Consider pain symptoms, non-specific presentation and/or presentation of pain behaviours. Use pain scale (0 = No pain to 10 = most severe pain ever experienced) ☐ Pain Rating upon examination: ☐ Changes to pain management protocol Referral to: First Name Last Name Ideal Pain Management Approach? Referral Date: 2019-01-31	Y ☐
23. Parkinson's & Related Diseases	What symptoms are causing the most difficulties? ☐ Treatments are effective Referral to: First Name Last Name Referral Date: 2019-01-31	Y ☐

Geriatric PHE Summary/Follow-Up: Part 24 > 28: - Driving, ACP, Immunization & Dental

Issue	Screen	Explanation	Follow-up
24. Driving	☐ 1. You have a driving license and still drive ☐ 2. *Family Member / Caregiver Question*: There are concerns about your family member driving	Drivers License Expiry Date: 2019-01-31 ☐ Still driving & family has concerns or the patient is compromised = a need for further follow-up Date of License Suspension Notification (at the discretion of practitioner): 2019-01-31	Y ☐
25. Advance Care Planning	☐ You have a Substitute Decision Maker (SDM) for Personal Care ☐ You have a Power of Attorney (PoA) for Finance ☐ You have discussed your wishes with family/friends ☐ Request a referral with other HCP	SDM Personal Care Name(s): First Names Last Names PoA for Finance Name(s): First Names Last Names Referral to: First Name Last Name Referral Date: 2019-01-31	Y ☐
26. Immunization	Review Immunization for update requirements: Indicate if required: ☐ Flu Shot ☐ Tetanus-diphtheria vaccination ☐ Pneumococcal vaccination ☐ Zostavax® (vaccine for shingles)		Y ☐
27. Dental	☐ You brush your teeth and floss regularly ☐ Your gums bleed when you brush Frequency of Dental Visits: Twice Annually / Once Annually / Only when needed / Never	Recommendations:	Y ☐
28. Lifestyle Issues	☐ You drink **alcohol**? ☐ # years ☐ # of drinks/week ☐ You currently **smoke** or have you ever smoked? ☐ # years ☐ # of cigarettes/day ☐ You use cannabis? ☐ # years ☐ # of hits/joints/day ☐ You smoke now and are thinking of quitting ☐ Request for resources and support	(Provide appropriate pamphlet/referral: Smoking Cessation program)	Y ☐

Geriatric PHE Summary/Follow-Up: Part 28 Continued & 29 - Exercise & Finances

Issue	Screen	Explanation	Follow-up
28. Lifestyle: Exercise & Sexual Health	4. Exercise: ☐ You **exercise** regularly Discuss and encourage aerobic and resistance exercise. Evaluate those with possible CAD or micro-vascular complications undertaking exercise substantially more vigorous than brisk walking. Aerobic: ≥150 minutes/week & Resistance: 3 sessions/week	If yes, how often / what type of activity? (Hold down the CTRL key to select more than one activity.) walking running swimming gardening dance yoga sports Other:	Y ☐
	5. Sexual Health / Intimacy: ☐ You are sexually active ☐ You have any concerns about your sexual health ☐ You have any concerns about your partner(s) sexual health	Concerns/Comments	Y ☐
28. Lifestyle: Finances/ Poverty	☐ **You have filled out and mailed in your tax forms**	*Needs to be completed for accessing (income security benefits, people without official residency status can file returns, ODB, Trillium.*	Y ☐
	☐ **You receive Old Age Security & Guaranteed Income Supplement?** *Most people over age 65 who live in poverty should receive at least $1400/month in income through OAS, GIS and grants from filing a tax return.*	☐ **You receive payments for Disability** *ODSP application (MDs bill K050 for $100).* *Provide as much information as possible, including about the impact of a person's disability on their lives.* ***DTC** provides up to $1100 per year in tax savings (+ retroactive payments), and is required to receive other benefits including the **RDSP, ODSP, CPP Disability, EI, Disability Tax Credit (DTC), Veterans benefits, WSIB,** Employers' long-term protections & Registered Disability Savings Plan (**RDSP**).*	
	☐ **You are a Status Indian?** *May qualify for Non-Insured Health Benefits through the federal government for drugs and other extended health benefits not covered by provincial plan.*		
	☐ **You have applied for extra supplements** *The **DTC** requires a health provider to complete the application form.* *Applications/benefits available through a patient's **OW/ODSP** worker:* ***Mandatory Special Necessities Benefits Medical** supplies and health-related transportation includes e.g. AA, psychotherapy ($25).* ***Limitation to Participation**: Disability can exclude a recipient from mandatory job search and training programs. ($15).* ***Special Diet Allowance:** some health conditions will qualify a recipient for extra income ($20) .* ***Other benefits available:** Employment supports, Drug & Dental, Vision, Hearing, ADP Co-payment, Community Start Up & Maintenance, Women in Transition/Interval Houses, Advanced age allowance, Community Participation ($100 per month extra volunteering.*	CCS, Social work Referral to: First Name Last Name Date Referral: 2019-01-31	Y ☐

Geriatric PHE Summary/Follow-Up: Part 29 > 31: Sleep, Abuse & Other

Issue	Screen	Follow-up
29. Sleep	☐ You sleep well ☐ You wake up at night How often do you wake at night? Once Twice Three times or more What do you do to help you sleep better?	Y ☐
30. Abuse	Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourished, hygiene issues, cuts, bruises,inappropriate clothing, or medication compliance issues. (See ELDER ABUSE SUSPICION INDEX © (EASI) in eFIT.) ☐ There has been evidence of the physiological flags described above indicate possible abuse today or in the last year. **If yes ASK:** ☐ Someone has prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or room being with people you wanted to be with? ☐ You have been upset because someone talked to you in a way that made you feel shamed or threatened? ☐ Someone has tried to force you to sign papers or to use your money against your will? ☐ Someone has made you afraid, touched you in ways that you did not want, or hurt you physically? **Plan if findings suggest abuse:**	Y ☐

31. Other Issues and Overall visit Findings/Comments:

PLEASE NOTE: When saving this form rename the file by **appending the patient's name to the original file name**. Reset Form Save File As...