

Patient Name (First/Last Name)

Presenting health concerns:

Address

Patient Birthdate

Complete Clinical Frailty Scale

Details of Clinical Frailty Scale:

Plans for CFS related care:

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

1. Review Patient Self-assessment form. **PLEASE NOTE:** When saving this form rename the file by *appending the patient's name* to the original file name.
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	Notes:	
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		

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: Date of Referral:	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	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 <u>no additional</u> 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. <i>Retain copy of drawing for patient documentation.</i>	Any of the following indicates a need for further cognitive assessment:	Y						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Test</th> <th style="width: 33%;">Negative</th> <th style="width: 33%;">Positive</th> </tr> </thead> <tbody> <tr> <td>3 Item Recall</td> <td>2 or 3 words recalled</td> <td>0 or 1 word recalled</td> </tr> </tbody> </table>		Test	Negative	Positive	3 Item Recall	2 or 3 words recalled	0 or 1 word recalled
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<p>Summary of Findings for 4.2 Cognition</p> <table style="width: 100%;"> <tbody> <tr> <td style="width: 33%;">3 Item recall</td> <td style="width: 33%;">Positive</td> <td style="width: 33%;"></td> </tr> <tr> <td>Animal Naming</td> <td>Positive</td> <td></td> </tr> <tr> <td>Clock Drawing</td> <td>Positive</td> <td></td> </tr> </tbody> </table>	3 Item recall	Positive		Animal Naming	Positive		Clock Drawing	Positive	
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	<p>Recent hospitalization or relocation where person experienced delirium with symptoms such as:</p> <ul style="list-style-type: none"> Altered level of consciousness Disorientation Memory deficits Language disruption Inability to pay attention <p>Causes: multifactorial-neoplastic; infection/inflammation; metabolic; drug effects (idiosyncratic, overdose, withdrawal; cardiopulmonary; pain; malnutrition, dehydration; visual/hearing problems.</p> <p>Use Confusion Assessment Method tool found in eFIT</p>	<p>If positive for delirium instruct and encourage the family to:</p> <ul style="list-style-type: none"> 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/night time Keep the person hydrated and eating Encourage family to keep a journal <p>CarePlan:</p>	<p>Y</p>
6. Depression	<p>Score from Patient Form 5-item Geriatric Depression Use tool for 5 item Geriatric Depression Scale from eFIT.</p> <p>Findings:</p>	<p>2 or more BOLDDED answers from Patient Form suggests referral for further investigation.</p> <p><i>NOTE: This screening does not asses suicide risk.</i></p> <p>If screening for suicide is required use Suicide Risk Assessment tool found in eFIT.</p> <p>Care Plan:</p>	<p>Y</p>

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

Issue	Screen	Explanation	Follow-up
7.1 Balance	<p>Any concern regarding feelings of unsteadiness when: Person stands Person changes direction when walking If yes, consider conducting TUG test</p>	<p>If TUG test fail then Conduct Barthel Index Assessment. Retain copy of assessment for patient record. OT Referral Date:</p>	Y
7.2. Falls & Mobility	<p>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:</p> <ol style="list-style-type: none"> 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). 	<p>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.</p>	Y
8. ADL	<p>You have any difficulties or need reminding about the following everyday activities Walking Transfers Toileting Eating Grooming Bathing Dressing Upper Body Dressing Lower Body</p>		Y
9. IADL	<p>You receive assistance with which of the following: Managing medications Preparing meal Using the phone Housework Laundry Using Transporation Shopping Managing finances/banking</p>		Y
10. Caregiver Support	<p>You feel isolated and/or unsupported. You receive assistance with managing the daily activities in your own life. If you get help, by whom and how often?</p>	<p>Caregiver requests for assistance: Caregiver requires follow up to arrange supports</p>	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: Referral Date:	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.	Y	
	2. There been a change in your regular bowel habit. Less frequently More frequently If Yes, indicate if you are going more or less frequently by checking the appropriate box to the right.		
	3. There has been a change in usual stool consistency. If yes, describe the change in the text box provided to the right. Referral To: Referral Date:		
13. Medications Polypharmacy	Number of prescribed drugs: > 5 prescription drugs Number of over the counter medications: > 3 over the counter drugs	Y	
	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: <hr/>		

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 PaO2 of 55mmHg or less SaO2 of 88 per cent or less Persistent PaO2 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): (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: 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: > 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	<p>Date of any screening for Skin Cancer or counseling for self-screening:</p> <p>Assess risk for “very high risk” or “high risk”</p>	<p>Screening completed annually for very high risk individuals by HCP trained in screening. (see step by step self-screening guide)</p> <p>High risk individuals periodically counseled for self-screening.</p>	Y
	<p>High Risk (any of the following):</p> <ul style="list-style-type: none"> 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. 	<p>High Risk (any of the following):</p> <ul style="list-style-type: none"> 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	<p>Date of any prostate cancer screening with PSA or DRE:</p> <p>Symptoms of metastatic prostate cancer:</p> <ul style="list-style-type: none"> Suspicious low back pain with tenderness Severe bone pain Weight loss, especially the elderly 	<p>DRE for men 40 or > and PSA if;</p> <ul style="list-style-type: none"> 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	<p>Measure fasting plasma glucose</p> <p>Date Last FPG: Value: mmo/L</p> <p>Date Last A1: Value: %</p> <p>Enquire about hypoglycemia episodes at each visit. Discuss recognition and treatment of hypoglycemia and risk/ benefit of hypoglycemia and pharmacologic management.</p> <p># Hypoglycemic episodes:</p> <p>NB: <i>Avoidance of hypoglycemia especially in the elderly, those with hypoglycemia unawareness, and those with criteria for less stringent control.</i></p> <p>http://guidelines.diabetes.ca/cpg/chapter37</p>	<p>Self-management</p> <p>+ 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.</p> <p>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.</p> <p>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).</p>	<p>Y</p>
<p>Vision (item 1) – Snellen Eye Chart Last ophthalmologist assessment Date:</p> <p>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.</p> <p>Consider funduscopy or fundus photography if IDDM and vision deficits present.</p>		<p>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.</p> <p>Referral to:</p> <p>Referral Date:</p>	<p>Y</p>
<p>Feet and Skin Presence and appearance of any wounds? Y # of wounds: Location of wounds:</p> <p>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.</p>		<p>If ulcer present: manage with multidisciplinary team with expertise or Consult.</p> <p>Consider referral for dressings and/or general surgeon for wounds not healing.</p> <p>If neuropathy present provide: Foot care education</p> <p>Referral to: Specialized footwear</p> <p>Smoking cessation</p> <p>Referral Date:</p>	<p>Y</p>

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

Issue	Screen	Explanation	Follow-up										
16. Diabetes & CAD	<p>Conduct CAD risk assessment periodically</p> <p>CV History:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Abdominal obesity</td> <td style="width: 33%;">Glycemia controlled</td> </tr> <tr> <td>Lipid profile</td> <td>Retinopathy present</td> </tr> <tr> <td>BP</td> <td>eGFR</td> </tr> <tr> <td>Reduced pulses</td> <td>ACR</td> </tr> <tr> <td>Bruit present</td> <td></td> </tr> </table> <p>Baseline ECG and every 2 years if > 40 yrs, Diabetes > 15yrs &/or cardiac risk factor. Repeat EKG every 2 years.</p>	Abdominal obesity	Glycemia controlled	Lipid profile	Retinopathy present	BP	eGFR	Reduced pulses	ACR	Bruit present		<p>Vascular Protection:</p> <p>First priority in prevention of diabetes complications is reduction of cardiovascular risk by vascular protection.</p> <p>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</p>	Y
Abdominal obesity	Glycemia controlled												
Lipid profile	Retinopathy present												
BP	eGFR												
Reduced pulses	ACR												
Bruit present													
16. Diabetes & Chronic Kidney Disease (CKD)	<p>Assessment of renal function:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Normal ACR > 2.0 mg/mmol</td> <td style="width: 33%;">Serum creatinine converted to eGFR:</td> </tr> <tr> <td>Normal eGFR > 60 mL/min</td> <td></td> </tr> </table> <p>Identification of CKD requires screening for proteinuria using random urine ACR from 2 out of 3 samples over 3 months.</p>	Normal ACR > 2.0 mg/mmol	Serum creatinine converted to eGFR:	Normal eGFR > 60 mL/min		<p>Guidelines</p> <p>Type 1 diabetes = Screen at 5 years duration and then annually if no CKD.</p> <p>Type 2 diabetes = Screen at diagnosis and then yearly if no CKD.</p> <p>http://guidelines.diabetes.ca/cpg/chapter29</p>	Y						
Normal ACR > 2.0 mg/mmol	Serum creatinine converted to eGFR:												
Normal eGFR > 60 mL/min													
17. Nutrition & Obesity	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Ht (cm):</td> <td style="width: 25%;">Wt (kg):</td> <td style="width: 25%;">Waist circumference (cm):</td> </tr> </table> <p>BMI:</p> <p style="text-align: center;">(BMI = weight(kg)/height(m)²)</p> <p>Meet nutritional needs by following Eating Well with Canada's Food Guide.</p>	Ht (cm):	Wt (kg):	Waist circumference (cm):	<p>Monitor WC</p> <p><i>BMI 'normal' range is 18.5-24.9. BMI from 25 to 29 is considered 'overweight'. BMI greater than 30 is considered 'obese'.</i></p>	Y							
Ht (cm):	Wt (kg):	Waist circumference (cm):											
18. Arthritis	<p>Atypical presentations of Arthritis:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Fatigue</td> <td style="width: 33%;">Lymphadenopathy</td> </tr> <tr> <td>Weight loss</td> <td>Polymyalgia rheumatica (PMR) symptoms.</td> </tr> <tr> <td>Myalgia</td> <td></td> </tr> </table>	Fatigue	Lymphadenopathy	Weight loss	Polymyalgia rheumatica (PMR) symptoms.	Myalgia		<p>Refer to rheumatology.</p> <p>Referral to:</p> <p style="text-align: right;">Referral Date:</p>	Y				
Fatigue	Lymphadenopathy												
Weight loss	Polymyalgia rheumatica (PMR) symptoms.												
Myalgia													

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

Issue	Screen	Explanation	Follow-up
19. Cardio-vascular Risk Assessment	<p>Lipid profile (mmol/l) (TC, HDL-C, TG and calculated LDL-C should be measured): Abnormal results</p> <p>(Total cholesterol to HDL ratio as a target no longer used by CDA)</p> <p>Blood Pressure Measure BP at diagnosis and at every diabetes clinic visit.</p> <p>Optimal Blood Pressure 130/80 mm Hg <i>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.</i></p>	<p>HDL-C <1.0 mmol/L in males, <1.3 mmol/L in females</p> <p><i>Lipid targets for those who need therapy: Primary target: LDL ≤2.0 mmol/L or ≥50% reduction</i></p> <p><i>Alternate Primary target: apo B ≤0.8 g/L or non-HDL-C ≤2.6 mmol/L</i></p> <p>BP is BP > 130/80 mm Hg</p> <p>CDA Clinical practice Guidelines 2013</p>	Y
20. Stroke	<p>Vascular risk factors present: DM/HBP/AF/Hyperlipidemia/CAD/smoking/</p> <p>Monitor/assess for Depression & Dementia with eFit assessment tools</p> <p>Depression noted Dementia noted</p>	<ul style="list-style-type: none"> • 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	<p>Amount of Vitamin D: Calcium in food: (I.U. OD) (servings per day)</p> <p>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.</p>	<p>If patients have a chronic medical condition or medication that puts you at high risk for fractures, consider BMD.</p> <p>If height loss: 2 cm and/or kyphosis consider spinal x-ray.</p>	Y
<p>2010 Clinical practice Guidelines taken from http://www.osteoporosis.ca/</p>			

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
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

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

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)

Issue	Screen	Follow-up
<p>22. Pain</p>	<p>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)</p> <p>Pain Rating upon examination: Changes to pain management protocol</p> <p>Referral to: _____ Referral Date: _____</p>	<p>Y</p>
<p>23. Parkinson's & Related Diseases</p>	<p>What symptoms are causing the most difficulties? Treatments are effective</p> <p>Referral to: _____ Referral Date: _____</p>	<p>Y</p>

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. <i>Family Member / Caregiver Question:</i> There are concerns about your family member driving	Drivers License Expiry Date: 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):	Y	
25. Advance Care Planning	You have a Substitute Decision Maker (SDM) for Personal Care. Please provide names in the text box to the right: You have a Power of Attorney (PoA) for Finances. Please provide names in the text box to the right: You have discussed your wishes with family/friends		Y	
	Request a referral with other HCP Referral to: Referral Date:			
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: 1 x/year 2 x/year Only when required	Recommendations:	Y	
28. Lifestyle Issues	You drink alcohol ?	# years	# of drinks/week	Y
	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)		

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

Issue	Screen	Explanation	Follow-up
28. Lifestyle: Exercise & Sexual Health	Exercise: You exercise regularly If yes, how often / what type:	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	Y
	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	<i>Needs to be completed for accessing (income security benefits, people without official residency status can file returns, ODB, Trillium).</i>	Y
	You receive Old Age Security & Guaranteed Income Supplement? <i>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.</i>	You receive payments for Disability <i>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.</i> 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).	Y
	You are a Status Indian? <i>May qualify for Non-Insured Health Benefits through the federal government for drugs and other extended health benefits not covered by provincial plan.</i>		
You have applied for extra supplements <i>The DTC requires a health provider to complete the application form. Applications/benefits available through a patient's OW/ODSP worker:</i> 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: _____ Date Referral: _____ www.cleo.on.ca/english/pub/onpub/PDF/socialAsst/ods-prof.pdf	Y	

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

Issue	Screen	Follow-up
<p>29. Sleep</p>	<p>You sleep well You wake up at night What do you do to help you sleep better?</p> <p>How often do you wake at night?</p> <p>1x nightly 2x nightly >=3x nightly</p>	<p>Y</p>
<p>30. Abuse</p>	<p>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.)</p> <p>There has been evidence of the physiological flags described above indicate possible abuse today or in the last year.</p> <p>If yes ASK:</p> <p>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?</p> <p>You have been upset because someone talked to you in a way that made you feel shamed or threatened?</p> <p>Someone has tried to force you to sign papers or to use your money against your will?</p> <p>Someone has made you afraid, touched you in ways that you did not want, or hurt you physically?</p> <p>Plan if findings suggest abuse:</p>	<p>Y</p>

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.**