

CARE FOR OLDER ADULTS ASSESSMENT FORM

Date of Patient Assessment: ___/___/___ Patient Name: _____ DOB: ___/___/___

FUNCTIONAL STATUS ASSESSMENT

CPT: 1170

Activities of Daily Living

Are you able to take care of yourself? Yes No

If No, check all activities you need help with:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Dressing | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Transferring | <input type="checkbox"/> Toileting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Transportation | <input type="checkbox"/> Using the phone |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Laundry | <input type="checkbox"/> Taking Medications |

ADVANCE CARE PLANNING

CPT: 99497, 1123F, 1124F, 1157F, 1158F HCPCS: S0257

Have you discussed with your doctor what would happen if you are unable to make your own medical decisions? Yes No

Check all advance care planning* you have in place:

- Advance Directives Living Will Actionable Medical Orders

MEDICATION REVIEW

MEDICATION REVIEW CPT: 90863, 99605 99606, 1160F AND MEDICATION LIST CPT: 1159F HCPCS G8427

Are you on any Medication(s): Yes No If Yes, attach your medication list or write in your medications below. Please include vitamins and over the counter supplements.:

Medication Name	Medication Name	Medication Name

PAIN ASSESSMENT

CPT: 1125F, 1126F

Do you have pain? Yes No

If yes, circle the severity:



0-1-2-3-4-5-6-7-8-9-10

If yes, date of onset: _____

If yes, location of pain: _____

Medication Review Date	/ /	
Practitioner Name		Practitioner Credentials
Reviewing Practitioner Signature		

Advanced Care Planning Key

Advance directive: Living will, power of attorney, health care proxy.

Actionable medical orders: Physician Orders for Life Sustaining Treatment [POLST], Five Wishes.

Living will: Legal document denoting preferences for life-sustaining treatment and end-of-life care.

Please note that this form will be reviewed by your provider and will be placed into your physical medical record and/or scanned into your Electronic Health Record (EMR). H0423_PRV20_0010_C 11202020