

Perioperative Care for Older People Undergoing Surgery (POPs) Comprehensive Geriatric Assessment

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Medications:

Allergies:

Type of reaction:

Social History

Home Environment
Accommodation: House <input type="checkbox"/> Maisonette <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Warden controlled <input type="checkbox"/> RH <input type="checkbox"/> NH <input type="checkbox"/>
Living situation: Alone: Yes <input type="checkbox"/> No <input type="checkbox"/>
Layout of home:
Stairs (internal or external): Banisters:

Functional status	
Mobility:	Transfers
Distance:	In/out bed:
Aids:	In/out chair
Stairs:	In/out Bath/Shower
Mobilises outdoors:	On/off toilet

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Activities of daily living	
Washing / dressing:	Meal preparation:
Shopping:	Cleaning/laundry:
Handling finances:	Contenance / toileting:
Mode of transportation:	Management of medications:

Dependencies	
Smoking history:	Alcohol history:
Smoking cessation referral <input type="checkbox"/>	Alcohol liaison referral <input type="checkbox"/>
Nicotine replacement <input type="checkbox"/>	Discuss withdrawal <input type="checkbox"/>

Sensory deficits:

Vision impairment: Y N Comment:

Hearing Impairment: Y N Comment:

Falls History










How many falls in the last year:

Details (How/why/where):

Community alarm: Y N used following a fall: Y N

Key safe: Y N

Clinical Frailty Score: Based on capability 2/52 ago (please circle number below)

 1	 2	 3	 4	 5	 6	 7	 8	 9
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Mood and Cognition

Any issues with your mood: Y N

Any issues with your memory: Y N 4AT score:

(Complete RAM if yes):

Have you been seen by or referred to the memory clinic: Y N

Any service provider involvement: (provide details)

POC:

DN:

Social worker:

CPN:

Future care planning

POA: Y N Health: Y N Finance: Y N

Advanced care plan in place: Y N Details:

DNAR in place: Y N

Discussion of patients wishes

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Collateral History from family / NOK

Name:

Relationship to patient:

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Physical Examination

General Condition:

Cardiovascular:

Heart sounds Murmurs

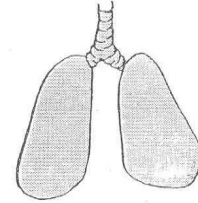
JVP

Oedema

Mucus membranes

Abdominal:

Respiratory:



NEWS score:

WAASP score:

Weight:

ECG result

CXR result / Other imaging:

Key blood results:

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Impression/problem list

Mx plan

Assessed by:

Role:

Date:

Time:

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