



Regional Geriatric Program
of Eastern Ontario

Programme gériatrique régional
de l'Est de l'Ontario



Geriatric Periodic Health Exam

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Objectives



- To provide an overview of how the periodic health exam differs when targeted for the older adult
- To explore the benefits and evidence supporting the use of the GPHE
- To provide an overview of the assessment process and management strategies
- Explore the concept of successful aging in relation to prevention strategies

What is aging?



Aging is lifelong consisting of

- Physiological, psychological and behavioral processes;
- Aging occurs at different rates in different people,
- Biological age may not equal chronological age.

Successful aging means :

- Living a longer, productive, fulfilled, and independent life.

What is a Geriatric Periodic Health Exam (GPHE)?



- An assessment that is aimed at:
preventing,
detecting and,
controlling risk factors
- A process to
detect, **assess** and **intervene** in the treatment of
common conditions that impact this specific population

Why Do a Periodic Health Exam?

Aren't the issues evident?



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Why wait for an incident ? Get out of the car!

(This is supposedly a true account recorded in the Police Log of Sarasota, Florida.)

An elderly Florida lady did her shopping and, upon returning to her car, found four males in the act of leaving with her vehicle.

She dropped her shopping bags and drew her handgun, proceeding to scream at the top of her lungs, "I have a gun, and I know how to use it! Get out of the car!"

The four men didn't wait for a second threat. They got out and ran like mad.

The lady, somewhat shaken, then proceeded to load her shopping bags into the back of the car and got into the driver's seat. She was so shaken that she could not get her key into the ignition.

She tried and tried, and then she realised why. It was for the same reason she had wondered why there was a football, a Frisbee and two 12-packs of beer in the front seat.

A few minutes later, she found her own car parked four or five spaces farther down.

She loaded her shopping

the car and drove to the police station to report her mistake.

The sergeant to whom she told the story couldn't stop laughing.

He pointed to the other end of the counter, where four pale men were reporting a car jacking by a mad, elderly woman described as white, less than five feet tall, glasses, curly white hair, and carrying a large handgun.

No charges were filed.

Moral of the story?

If you're going to have a senior moment . . . make it

Why use a GPHE?



Targets **high-risk** “Geriatric Issues”

- Frailty
- Sensory Loss (Hearing and Vision)
- Cognition (MCI, Dementia, Delirium)
- Depression
- Falls/Mobility
- ADL/IADL/Caregiver support
- Urinary Incontinence
- Medications (Polypharmacy)



Benefits : Early identification of Chronic Diseases



- Diabetes
- Thyroid Disease
- Cancer
- Asthma/COPD
- Obesity
- Cardiovascular Disease
- Stroke
- Arthritis
- Osteoporosis
- Pain



Benefits : Screen for Lifestyle Risks



- Smoking
- Obesity
- Nutrition
- Medications
- ETOH



The Elderly in Canada

Well	80%
Frail	15%
Institutionalized	5%



Definitions



- “Successful aging is defined as a low risk of disease and disease-related disability, high mental and physical function, and active engagement with life.” (Kahn, 2002)
- Frailty is defined as a “state of high vulnerability for adverse outcomes, including disability, dependency, falls, need for long-term care and mortality” (Fried, Ferrucci, Darer, Williamson, Anderson, 2004)
- Frailty is a syndrome associated with reduced functional reserve, impaired body systems with both physical and functional decline (Bartali et al., 2006)

Further Benefits: Education and Health Promotion



- Identifies frailty and risks
- Screening reduces patient worry and may be a powerful motivator for action on the part of the patient (Boulware et al, 2007)
- One-to-one teaching opportunity
- Provides up-to-date knowledge
- Most disabilities of “old age” are not inevitable, universal or irreversible and therefore positive changes in health are possible

Benefits: Inter-professional Team Approach



- Initial targeting takes no more than 30 min.
- Self-administered screening and by others on the health team
- Increased access to care
- Improved Outcomes
- Better use of resources
- Improved satisfaction of health care consumer



The Evidence for GPHE



Canadian Task Force on the PHE has published a guide to clinical preventative health care targeting seven main areas in geriatrics:

- Cognition
- Physical Injury
- Elder Abuse
- Visual Impairment
- Hypertension
- Hearing
- Bacteriuria

(Health Canada, 1994)

Levels of Prevention: Primary , Secondary , Tertiary



Primary - aims to avert the development of disease i.e immunizations, life style modifications, ASA for prevention of heart disease

Secondary- focuses on early detection and treatment of asymptomatic disease i.e. screening for CA, hearing, vision, osteoporosis, hypertension, and AAA.

Tertiary- identifies established conditions to prevent further morbidity or functional decline ie cognitive problems, gait and balance, malnutrition, urinary incontinence

Benefits of Chronic Disease Management



- **Untreated chronic diseases** are related to other diseases ie diabetes, depression, and complications
- **90 % of type 2 DM and 80% Of CAD can be avoided** with good nutrition, regular exercise , smoking cessation and stress management
- **20 % reduction in cancer rates** with daily diets high in vegetables and fruit
- **90% of cervical cancer is preventable** with screening
- **FOBT in those aged 50-75 could reduce** colorectal cancer mortality by 15-33%
(MOHLTC, 2006)

Summary of Potential Benefits of GPHE/ Screen



- **Improved management** of chronic diseases
- **Better clinical outcomes** with a longer life engaged in functional occupations
- **Increased efficiency of the system**, quality care in the right setting, by the right person at the right time
- **Reduced hospitalization**, reduced ED use and reduced service duplication
- **Improved healthy behaviours** and quality of life

Primary Prevention



Physical Activity benefits people of all ages and may decrease all causes of morbidity and increase lifespan.

Benefits in the elderly:

- Improved conditioning
- Reduced CV disease, stroke, HTN, DM, osteoporosis, obesity, colon cancer, breast cancer anxiety, depression and cognitive decline
- Reduced likelihood of falls and fall-related injuries
- Decreased incidence and severity of functional limitations
- Effective treatment for several chronic conditions, mood disorders, dementia, chronic pain, CHF, stroke, constipation and sleep disorders.



- Aerobic-guidelines suggest 30 min. of mod. intensity 5 days per week
- Muscle Strengthening- weight training , resistance training
- Flexibility-10 min. of stretching of major groups on days when aerobic or muscle strengthening exercise is performed, need full ROM
- Balance training to improve stability- ie Tai Chi



- High quality evidence demonstrates that smoking cessation significantly reduces the risk of CAD, Ca, COPD.
- One study addressed smoking cessation in older adults found that within 5 years of stopping smoking the relative risk for all cause mortality fell below that for current smokers.
- Smoking cessation techniques:
 - Physician recommendation
 - Formal counseling
 - Pharmacotherapy

Alcohol



- 15 % elderly > 65 years experience complications of alcohol consumption in combination with medications or chronic conditions.
- 2-4% meet criteria for alcoholism
- Alcohol consumption may negatively impact function and cognition
- Assess using CAGE questions (Cut down, Annoyed, Guilty, Eye-Opener)
- Physician recommendations and advice may be as effective as more detailed behavioral counseling

ASA for Primary Prevention



- Strongly recommended that physicians discuss chemoprevention in adults at increased risk for CV disease.
- 5 year risk of $>3\%$ of a cardiovascular event
- Risks of GI bleeding with low dose aspirin in older adults is well documented,
- Risks need to be reviewed and shared decision making
- Long term use of ASA , PPI recommended



Immunizations



- **Tetanus**- clinical tetanus occurs predominantly in unvaccinated or under-immunized older adults
- Older adults > 60 years account for approximately 60 % of all cases of tetanus
- Booster doses of tetanus and diphtheria Q 10 years.
- **Influenza** – 90% of influenza deaths occur among those > 60 years
- Older adults experience increased morbidity from the disease, pneumonia, and death from hospitalization
- **Pneumococcal** – pneumococcal disease is a significant cause of morbidity and mortality in the elderly
- Two studies found the vaccine to be cost effective in preventing bacteremia and invasive infection
- One dose is recommended at age 65 years, if first dose is given at age 55 then 2nd booster needed .

Secondary Prevention



- **Cancer Screening-** screening asymptomatic adults has allowed more effective treatment through early detection.
- **Screening tests** and disease treatment have been less rigorously evaluated in the elderly
- **Co-morbid illness and frailty** alter the risk-benefit ratio for screening in this group
- Clinicians should **assess the benefits and risks** of screening for older adults on an individual basis

Questions when deciding whether to screen older adults



- Will this patient or group of patients survive long enough to derive benefit from screening?
- What are the potential harms associated with screening for cancer?
- How do patient preference and quality of life impact screening decisions?

Colorectal, Breast, Cervical and Prostate Screening



Screening for these diseases are the most likely effective interventions in reducing cancer-specific mortality

- **Fecal occult blood testing** is associated with a 15-20% decrease in cancer specific mortality
- **Colonoscopy** carries increased risk in the elderly of bleeding and bowel perforation
- **Mammography** for breast cancer demonstrates approx. 30 % reduction in breast cancer mortality among screened vs unscreened women
- **Pap screening** may be d/c for women who have had at least 3 normal Pap smears over the preceding 10 years and are older than 65-70



Blood Pressure Screening



- **Hypertension** is highly prevalent among older adults (60-80%) and is the leading risk factor for ischemic heart disease and stroke
- Older adults have a unique blood pressure pattern with isolated systolic hypertension affecting 2/3 with HTN
- Treatment of HTN has contributed to a **59% reduction in age-related stroke mortality** and a **50% reduction in mortality** from CAD
- B/P treatment trials in older adults consistently demonstrates reductions in stroke, CHF, CV events.
- Treatment options include diet, physical activity and pharmacotherapy

Lipid Screening



- The risk of CHD attributable to lipids is similar across age groups
- Older adults have a higher overall annual risk of CHD and stand to benefit from lipid reduction if life expectancy warrants.
- The Task Force concludes that the benefits of screening for and treating lipid disorders in older people outweigh harm.
- There is good evidence that lipid lowering drug treatment decreases the incidence of heart disease.
- For those with an overall risk of CHD exceeding 10% over 10 years, screening and treatment are substantiated.

Osteoporosis



The prevalence of low bone mineral density is high in the elderly

- Osteopenia is found in 37 % of post-menopausal women
- Osteoporosis (bone mineral density or BMD of > 2.5 SD below the mean for young women) is 7 percent
- Bone densitometry is routinely recommended for women and men at age 65 .
- Routine screening should begin at age 60 for men and women at increased risk ie..osteoporotic fractures, those with low body weight, physical inactivity, chronic glucocorticoid tx

Tertiary Screening



- Functional assessment and geriatric evaluation
- Cognitive Assessment
- Hearing and Vision Screening
- Nutrition
- Falls and Mobility
- Incontinence
- Medication use
- Driving
- Financial and Social Support
- Elder Mistreatment
- Advance Directives

Geriatric Periodic Health Exam – Interprofessional Screen

Patient Name	Date of Birth [yyyymmdd]	HCN



Presenting Issue(s):

Reason for Visit:

Periodic Health Exam – Geriatric Screen	
Recent Labs	
HCT	Date:
Cr	Date:
K	Date:
INR	Date:
TSH	Date:
HgbA1C	Date:
LDL	Date:

Next Appointment:

Geriatric PHE Summary/Follow-Up indicates need for further follow up

* indicates need to refer also to Geriatric PHE - Patient Form):

Geriatric Issues		Common Co-morbidities		Other	
<input type="checkbox"/>	1. Hearing*	<input type="checkbox"/>	9. Asthma/COPD	<input type="checkbox"/>	17. Driving*
<input type="checkbox"/>	2. Vision*	<input type="checkbox"/>	10. Cancer	<input type="checkbox"/>	18. Immunization*
<input type="checkbox"/>	3. Cognition*	<input type="checkbox"/>	11. Diabetes	<input type="checkbox"/>	19. Advanced Directives*
<input type="checkbox"/>	4. Depression* (GDS on Patient Form)	<input type="checkbox"/>	12. Nutrition/Obesity*	<input type="checkbox"/>	20. Dental*
<input type="checkbox"/>	5. Falls/Mobility*	<input type="checkbox"/>	13. Cardiovascular Risk Factors	<input type="checkbox"/>	21. Lifestyle Issues*
<input type="checkbox"/>	6. ADL*/IADL*/Caregiver Support	<input type="checkbox"/>	14. Stroke	<input type="checkbox"/>	22. Communication
<input type="checkbox"/>	7. Urinary Incontinence*	<input type="checkbox"/>	15. Arthritis	<input type="checkbox"/>	23. Bowel
<input type="checkbox"/>	8. Medications (Polypharmacy)*	<input type="checkbox"/>	16. Osteoporosis	<input type="checkbox"/>	24. Pain*

Clinician Signature:

Date:

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Geriatric Periodic Health Exam – Interprofessional Screen

Patient Name	Date of Birth [yyyymmdd]	HCN



Counseling issues addressed this visit	<input checked="" type="checkbox"/> & Initial
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>
9.	<input type="checkbox"/>
10.	<input type="checkbox"/>

Geriatric PHE Summary/Follow-Up – Cont'd:

Issue	Screen	Cut off Value	F/U	
1. Vision	Snellen Eye Chart		Y <input type="checkbox"/>	N <input type="checkbox"/>
2. Hearing	If difficulties in hearing have been detected => Complete Whisper Test – Three (3) whispered words out of field of vision.	Y = Failure to correctly repeat three (3) whispered numbers or self-identified difficulties with hearing.	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.1 Cognition - 1	Is individual at high risk. e.g. advanced age, positive family history and vascular risk factors? Are there identified issues from caregiver or individual?	Y = need for screening below	Y <input type="checkbox"/>	N <input type="checkbox"/>

Clinician Signature: _____

Date: _____

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Geriatric Periodic Health Exam – Interprofessional Screen

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Patient Name	Date of Birth [yyyymmdd]	HCN

Issue	Screen	Cut off Value	F/U												
3.2 Cognition – 2 Dementia Quick Screen	1 Registration: Instruct individual to listen carefully to and remember three (3) unrelated words and then to repeat the words. (House, Tree, Car)	Any of the following indicates a need for further cognitive assessment: > 0 or 1 on 3 item recall > < 15 on animal naming > < 10 animals is suggestive of a dementia > 10 to 14 suggests a mild cognitive abnormal clock drawing > impairment.	<table border="1"> <thead> <tr> <th>Test</th> <th>Negative</th> <th>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> <tr> <td>Animal Naming</td> <td>=> 15 animals</td> <td>< 15 animals</td> </tr> <tr> <td>Clock Drawing</td> <td>Normal clock or only minor irregularities in number placement with correct position</td> <td>Abnormal clock: hand and/or number placement</td> </tr> </tbody> </table>	Test	Negative	Positive	3-item recall	2 or 3 words recalled	0 or 1 word recalled	Animal Naming	=> 15 animals	< 15 animals	Clock Drawing	Normal clock or only minor irregularities in number placement with correct position	Abnormal clock: hand and/or number placement
	Test			Negative	Positive										
	3-item recall			2 or 3 words recalled	0 or 1 word recalled										
	Animal Naming			=> 15 animals	< 15 animals										
Clock Drawing	Normal clock or only minor irregularities in number placement with correct position	Abnormal clock: hand and/or number placement													
2 Ask individual to name as many four-legged animals as possible in one minute. [Animal naming chart on page 7].															
3 Instruct individual to draw the face of a clock, either on a blank sheet of paper or on a sheet with the clock circle already drawn on the page. [See Clock Drawing tool on pg 7]. 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.															
<table border="1"> <thead> <tr> <th>Normal</th> <th>Mildly abnormal (correct hand placement; minor spacing problems)</th> <th>Abnormal (incorrect hand placement; incorrect number placement)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Normal	Mildly abnormal (correct hand placement; minor spacing problems)	Abnormal (incorrect hand placement; incorrect number placement)												
Normal	Mildly abnormal (correct hand placement; minor spacing problems)	Abnormal (incorrect hand placement; incorrect number placement)													
4 Ask individual to repeat the three (3) previously presented words. (Borson et al, 2000; Siu, AL, 1991, Canning et al, 2004)	RESULT: Need for Further Cognitive Assessment?		Y <input type="checkbox"/> N <input type="checkbox"/>												
4. Depression	Score from Patient Form 5-item GDS:	2 or more BOLDED answers from Patient form	Y <input type="checkbox"/> N <input type="checkbox"/>												
5.1 Falls/ Mobility	Fall within the last 12 months, sought medical attention after a fall or have a fear of falling?		Y <input type="checkbox"/> N <input type="checkbox"/>												

Clinician Signature:

Date:

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Geriatric Periodic Health Exam – Interprofessional Screen



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Patient Name	Date of Birth [yyyymmdd]	HCN

Issue	Screen	Cut-Off Value	F/U	
5.2 Falls/ Mobility – Cont'd	Perform Timed Up and Go: Time the individual as he/she rises from a firm chair with arms (can push off from arm rests), walks three metres at normal pace (with walking aid if normally used) turns around, and returns to sit in the chair (Podsiadlo & Richardson, 1991). NOTE: Do not elicit conversation during the test as it increases the performance time.	➤ 14 seconds – correlates with a high risk for falls; < 20 seconds – correlates with independence in ADL transfer tasks & community ambulation, & high scores on the Berg Balance Scale; 30 ≥ seconds - correlates with more dependence in ADLs, need for assistive devices for ambulation. (Richardson and Podsiadlo, 1999; Shumway-Cook et al, 2000).	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Caregiver Support (ADL/IADL)	Do you receive assistance from others (e.g. home care)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	By whom:	Frequency:	Y = Assistance needs not being met and follow up required.	Y <input type="checkbox"/>
7. Urinary Incontinence	Do you have any problems with involuntary loss of water/urine?	Y = Need for further assessment / follow-up.	Y <input type="checkbox"/>	N <input type="checkbox"/>
8. Medications (Polypharmacy)	Number of prescribed drugs:	> 5 prescription drugs	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Number of over the counter medications:	> 3 over the counter drugs	Y <input type="checkbox"/>	N <input type="checkbox"/>
9. Asthma/COPD	- Any difficulties with breathing? Yes / No - History of COPD / Asthma / PND or Sleep Apnea (circle if any): - Use of inhalation devices? Yes / No - Use of in-home O2? Yes / No - History or Current Smoking? Yes / No - Daily / productive cough? Yes / No	- Consider home O2 if chronic hypoxemia on room air at rest (PaO2 of 55mmHg or less, or SaO2 of 88 per cent or less) or persistent PaO2 in the range of 56 to 80 mmHg cor pulmonale, pulmonary hypertension or persistent erythrocytosis present. - Counseling may be indicated for smoking, use of inhalation devices, and safe use of home O2.	Y <input type="checkbox"/>	N <input type="checkbox"/>

Clinician Signature:

Date:

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Geriatric Periodic Health Exam – Interprofessional Screen



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Patient Name	Date of Birth [yyyymmdd]	HCN

Issue	Screen	Cut-Off Value	F/U	
10. Cancer	Date of last Fecal Occult Blood Test (FOBT):	All asymptomatic, average risk men and women 50 years and older using a simple Fecal Occult Blood Test (FOBT) every two years; and those at increased risk because of a family history of colorectal cancer (mother, father, sibling, children), and people with a positive FOBT test, by colonoscopy (Cancer Care Ontario, 2007).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of last Pap Smear:	All women who are, or have ever been, sexually active should be screened. Screening should be done annually until there are three consecutive negative Pap tests. After three annual negative Pap tests, screening should continue every two to three years. Screening may be discontinued after the age of 70 if there is an adequate negative screening history in the previous 10 years (i.e., 3 or more negative tests) (Canadian Cancer Society, 2005).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of last Mammogram:	Women age 50 and over should have a mammogram at least every two years (Cancer Care Ontario, 2005).	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of any screening for Skin Cancer or counseling for self-screening:	Screening completed annually for very high risk individuals only. High risk individuals periodically counseled for self screening.	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Date of any prostate cancer screening with PSA or DRE:	The evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE). (Cancer Care Ontario, 2008).	Y <input type="checkbox"/>	N <input type="checkbox"/>
10. Cancer – Cont'd	Very High Risk (any of the following): <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Is on immunosuppressive therapy after organ transplantation. <input type="checkbox"/> Has a personal history of skin cancer. <input type="checkbox"/> Has two or more first-degree relatives with Melanoma. <input type="checkbox"/> Has more than 100 nevi in total or 5+ atypical nevi. <input type="checkbox"/> Have received more than 250 treatments with psoralen-ultraviolet A radiation (PUVA) for psoriasis. <input type="checkbox"/> Did receive radiation therapy for cancer as a child. 	High Risk (any of the following): <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Has a first-degree relative with Melanoma. <input type="checkbox"/> Has many (50-100) nevi. <input type="checkbox"/> Has one or more atypical (dysplastic) nevi. <input type="checkbox"/> Has naturally red or blond hair. <input type="checkbox"/> Has a tendency to freckle. <input type="checkbox"/> Has skin that burns easily and tans poorly or not at all. 	Y <input type="checkbox"/>	N <input type="checkbox"/>

Clinician Signature:

Date:

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Geriatric Periodic Health Exam – Interprofessional Screen

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integration, collaboration



Patient Name	Date of Birth [yyyymmdd]	HCN

Issue	Screen	Cut-Off Value	Follow-Up	
11. Diabetes	Last fasting blood glucose Date: _____ Value: _____ If IDDM, last urine dip Date: _____ +ve / -ve (circle)	- Fasting blood glucose > 6.1mmol/l	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Vision (item 1) – Snellen Eye Chart Last ophthalmologist assessment Date: _____	- Consider funduscopy or fundus photography if IDDM and vision deficits present - Consider periodic assessment by ophthalmologist for screening of DR and/or glaucoma	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Feet and Skin Note presence and appearance of any wounds:	- Consider RN referral for dressings and/or gen surg for wounds not healing	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Consider also PVD / HBP / Neuropathy		Y <input type="checkbox"/>	N <input type="checkbox"/>
12. Nutrition/ Obesity	Ht: _____ in/cm Wt: _____ lb/kg BMI _____ (Health Canada, 2003)	'normal' range may begin slightly > 18.5 and extend into the 'overweight' range	Y <input type="checkbox"/>	N <input type="checkbox"/>
13. Cardio-vascular Risk Assessment	Lipid profile (mmol/l)	Chol. > 5.95 mmol/l	Y <input type="checkbox"/>	N <input type="checkbox"/>
		HDL < 1.16 mmol/l		
		LDL > 3.36 mmol/l		
		TG > 4.6 mmol/l		
	Blood Pressure (mm Hg)	BP (syst) > 140 mm Hg	Y <input type="checkbox"/>	N <input type="checkbox"/>
		BP (dyst) > 80		

Clinician Signature: _____

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Geriatric Periodic Health Exam – Interprofessional Screen



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Patient Name	Date of Birth [yyyymmdd]	HCN

Issue	Screen	Cut Off Value	F/U	
14. Stroke	Vascular risk factors DM/HBP/AF/Hyperlipidemia/CAD/smoking/obesity Watch for Depression, Dementia.	- In patients with paroxysmal Afib consider anticoagulation if Afib detected after stroke - In patients with stroke and ICT consider anticoagulation (Warfarin for ICT to prevent systemic emboli) - In patients with clinical cardiac disease and no pre-existing indications for anticoagulation consider TTE or TEE for detection of intracardiac masses - Section 3&4 for screening of Depression & Dementia.	Y <input type="checkbox"/>	N <input type="checkbox"/>
15. Arthritis	May have atypical presentations e.g. - fatigue, weight loss, myalgia, lymphadenopathy or polymyalgia rheumatica (PMR) symptoms.		Y <input type="checkbox"/>	N <input type="checkbox"/>
16. Osteoporosis	Major Risk Factors: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Age > or = to 65 years <input type="checkbox"/> Malabsorption syndrome <input type="checkbox"/> Vertebral compression fracture <input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Fragility fracture after age 40 <input type="checkbox"/> Falls Risk <input type="checkbox"/> Family history of osteoporotic fracture <input type="checkbox"/> Osteopenia apparent on X-ray film <input type="checkbox"/> Systemic glucocorticoid therapy > 3 months <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Early Menopause (before age 45) 	Minor Risk Factors: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Smoker <input type="checkbox"/> Past history of Hyperthyroidism <input type="checkbox"/> Excessive alcohol intake <input type="checkbox"/> Chronic anticonvulsant therapy <input type="checkbox"/> Excessive caffeine intake <input type="checkbox"/> Low dietary calcium intake <input type="checkbox"/> Weight < 57kg <input type="checkbox"/> Chronic Heparin therapy <input type="checkbox"/> Weight loss > 10% of weight at age 25 		
<i>Risk factors are additive and should be considered together. Testing for BMD is indicated in men and postmenopausal women > age 50 with at least one (1) major or two (2) minor risk factors. (Adapted from Brown, JP et al, 2002; Osteoporosis Society of Canada, 2002).</i>				
17. Driving	1. Do you drive?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	2. Family Member / Caregiver Question: Any concerns about your family member driving?		Y <input type="checkbox"/>	N <input type="checkbox"/>
	If driving <u>and</u> there is a positive response to 2. <u>and/or</u> compromised performance on the cognitive screen, functional performance or medications, is there a need for further driving assessment and follow-up? (License suspension at the discretion of practitioner).		Y <input type="checkbox"/>	N <input type="checkbox"/>

Clinician Signature:

Date:

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Geriatric Periodic Health Exam – Interprofessional Screen

Patient Name	Date of Birth [yyyymmdd]	HCN



Issue	Screen	Cut Off Value	F/U	
24. Pain	- Consider pain symptoms, non-specific presentation and/or presentation of pain behaviors.		Y <input type="checkbox"/>	N <input type="checkbox"/>

Physician Physical Exam Findings:

Treatment Complications: (Identify possible treatment complications such as advanced age, co morbid medical conditions, history of GI ulcers or ulcer complications, corticosteroid use, anticoagulant use and/or NSAD use).

Clinician Signature:

Date:

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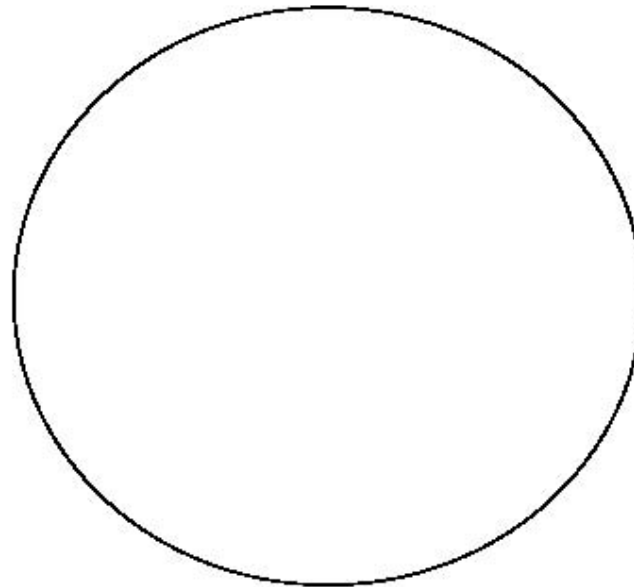
Geriatric Periodic Health Exam – Interprofessional Screen

Patient Name	Date of Birth [yyyymmdd]		HCN



Clock Drawing Test (CDT)

* The CDT is considered normal if all numbers are present in the correct sequence and position, and the hands display the requested time with one shorter and one longer hand.



Animal Naming
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Clinician Signature: _____

Date: _____

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Thank you for taking the time to complete the following questionnaire about your health.

By completing this questionnaire you are assisting your health care team in providing a comprehensive and complete review of your health.

We ask that you complete this form in advance of your meeting with the nurse and doctor to ensure that your visit is guided to meet your needs.

We will ask questions about common health issues, and since some problems (e.g., depression) can be missed, we will ask about your mood and way of thinking, too.

Please complete this form to the best of your ability, and use the last page to tell us about anything else that you would like to share with your health care team.



Geriatric Periodic Health Exam – Patient Form (Office Use)

Patient Name	Date of Birth [yyyymmdd]	HCN

Health Concerns:

Please list your current health concerns:

Medication(s):

Please list **all** of your current medications (incl. non-prescription and herbal remedies):

Name	Dose	How Often	Name	Dose	How Often
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Please answer the following questions (check your response for all yes / no questions):

General Health:	<i>Office Use</i>
How would you describe your own health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Has there been a recent change (within the past 90 days) in your health? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you visited the Emergency Room in the past 30 days ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been admitted to the hospital within the past 90 days ? Yes <input type="checkbox"/> No <input type="checkbox"/> => If yes, please provide comments:	
Do you have pain that affects your quality of life? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you take your medications as recommended? Yes <input type="checkbox"/> No <input type="checkbox"/> => If no, please provide comments:	
When was your last flu shot? _____ Date: _____	



Geriatric Periodic Health Exam – Patient Form (Office Use)		
Patient Name	Date of Birth [yyyymmdd]	HCN

When was your last tetanus-diphtheria vaccination? Date:	
Do you brush your teeth and floss regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you see a dentist yearly for regular cleaning? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do your gums bleed while brushing your teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have difficulties with your vision? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has it been more than two (2) years since you had a complete eye exam? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have difficulties with your hearing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has there been a change in your weight? No change <input type="checkbox"/> Weight increase <input type="checkbox"/> / Weight decrease <input type="checkbox"/>	
Has there been a change in your appetite? No change <input type="checkbox"/> Appetite increase <input type="checkbox"/> / Appetite decrease <input type="checkbox"/>	
Do you have any problems with involuntary loss of water/urine? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Mental Health:	Office Use
Are you basically satisfied with your life? Yes <input type="checkbox"/> No <input type="checkbox"/>	*For scoring purposes 2 or more bolded answers over the next 5 questions indicates a need for follow up
Do you often get bored? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you often feel helpless? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you prefer to stay at home rather than going out and doing new things? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you feel pretty worthless right now? Yes <input type="checkbox"/> No <input type="checkbox"/>	



Geriatric Periodic Health Exam – Patient Form (Office Use)

Patient Name	Date of Birth [yyyymmdd]	HCN

Do you have problems sleeping? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have difficulties with your memory? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Lifestyle:	Office Use
Do you drink alcohol? Yes <input type="checkbox"/> => If yes, how much (# of drinks/week)? _____ No <input type="checkbox"/>	
Do you currently smoke or have you ever smoked? Yes <input type="checkbox"/> => If yes, how many packs/day? _____ => For how many years? _____ No <input type="checkbox"/>	
If you smoke now, are you thinking of quitting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you exercise regularly? Yes <input type="checkbox"/> => If yes, how often / what type of activity? No <input type="checkbox"/>	
Do you have a Power of Attorney? => For personal care <input type="checkbox"/> => For property <input type="checkbox"/>	
If yes, have you discussed your Powers of Attorney with those close to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Falls/Mobility (Safety):	Office Use
Have you had a fall within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you seek medical attention as a result of a fall? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a fear of falling? Yes <input type="checkbox"/> No <input type="checkbox"/>	



Geriatric Periodic Health Exam – Patient Form (Office Use)

Patient Name	Date of Birth [yyyymmdd]	HCN

Activities:				<i>Office Use</i>
Do you have any difficulties with everyday activities? Yes <input type="checkbox"/> No <input type="checkbox"/>				
=> If yes, please indicate the areas where you have difficulty:				
<input type="checkbox"/> Eating	<input type="checkbox"/> Dressing	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Laundry/ Housekeeping	
<input type="checkbox"/> Toileting	<input type="checkbox"/> Grooming	<input type="checkbox"/> Shopping	<input type="checkbox"/> Banking	
<input type="checkbox"/> Walking	<input type="checkbox"/> Bathing	<input type="checkbox"/> Use of Telephone		
Driving:				<i>Office Use</i>
Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Comments:

Please use this space to comment on anything else that you would like to communicate to your primary care team.

Thank you for assisting us in providing a comprehensive Periodic Health Exam.

Health Promotion and Disease Strategies Summary



- Effective health promotion should be directed toward all older people when knowledge justifies such recommendations
- Additional guidance and health interventions should be based on individual assessment of health status for those identified as being at high risk for disease or disability
- Geriatric Assessment should be included as a regular part of health monitoring of older people in addition to chronic disease screening



Older adults are all a little different



Attitude



The longer I live,

The more I realize the impact of attitude on life.

Attitude, to me, is more important than fact.

It is more important than the past,

Than education, than money, than circumstances

Than failures, than successes,

Than what other people say or do.

It is more important than appearance, giftedness or skill.

It will make or break a company ... a church ... a home.

The remarkable thing is we have choice everyday regarding the attitude we will embrace for that day.

We cannot change our past.

We cannot change the inevitable.

The only thing we can do is play

On the one string we have, and that is attitude.

I am convinced that life is 10% what happens to me,

And 90% how I react to it.

And so it is with you.

We are in charge of our attitudes.

Charles Swindoll