Geriatric Medicine
Consultation Form

Pt. ID # _____________

Patient Name: _____________________________
DOB ___/___/___

Reason for visit: Date: ___/___/___

Memory Loss:
   a) How long? (Stable or worse?)
   b) What is being forgotten? (Names, People, where items are being placed?)
   c) Ever got lost?
   d) Hallucinations or delusional thoughts?

Mood Issues:
   a) Feelings of sadness?
   b) Anxiety?
   c) For how long?
   d) Stable or getting worse?
   e) Ever tried medication to help? If so, what? Why discontinued?

Medication:
   a) Are you experiencing any side effects from your medications? Which one?
   b) Which one of your medications is most important?
   c) Which one would you stop if you could? Why?

Advanced Directives
   a) Living Will
   b) Healthcare Proxy

General Exam
   a) Temporal wasting
   b) Cerumen impaction
   c) Working hearing aids
   d) Dentition / fit of dentures

Safety Concerns:
   a) Do you drive? How did you get here today?
   b) Have you ever gotten lost? Any accidents, near misses or tickets?
   c) Have you ever left the stove on or burned pots?

Mobility Issues:
   a) Difficulty walking? Use of cane or walker?
   b) Have you had a fall in the past 12 months? Any injury?

Weight loss:
   a) Any difficulty chewing or swallowing your food?
   b) Do you wear dentures?
   c) Have you lost weight?
   d) How is your appetite?

Bowel or Bladder Issues:
   a) Any problems voiding or controlling your urine or bowels?
   b) Any problems with urinary frequency, constipation, or diarrhea?

Insomnia:
   a) Any difficulty falling asleep?
   b) Staying asleep?
   c) Nocturia?
   d) Do you take medication to help you sleep?

Data: (Labs and imaging)
   a) TSH:
   b) Albumin:
   c) Vitamin D:
   d) Vitamin B12:
Judgement:

a) If a ball rolled in front of your car, what would you be concerned about?
   Appropriate ☐  Borderline ☐  Incorrect ☐

b) If you smelled smoke at home, what would you do?
   Appropriate ☐  Borderline ☐  Incorrect ☐

c) If you fell at home alone and could not get up, what would you do?
   Appropriate ☐  Borderline ☐  Incorrect ☐

d) Suppose you are home alone and not expecting anyone.
   There is a knock on your door about 10 o’clock at night.
   What would you do?
   Appropriate ☐  Borderline ☐  Incorrect ☐

Impression:

Recommendations:
a) ☐ Cognition
b) ☐ Function
c) ☐ Medication
d) ☐ Nutrition
e) ☐ Goals of Care

Notes:

Social History :