Geriatric EMR Templates

The following are templates that can be incorporated into electronic medical record systems to assist in training medical students and residents to provide patient-centered, evidence-based care to geriatric patients. Double underlines are provided after selection items to indicate where one would add a + or –, (reported or denied, Yes or No, observed or absent) or additional information depending on the system being used or where one could expand a macro. Macros that call up additional forms, tools or checklists are indicated in blue highlighting and include a suggested macro key. The first item below is a complete Geriatric Assessment encounter note template. Templates that follow are either specific parts of the encounter note, such as histories (Family, Social, etc.) or the geriatric physical exam. Additional macros are built into these sections which bring up geriatric assessment tools. The last item is a template for the geriatric syndrome in the Assessment portion of the SOAPnote.

The following templates included below are:
1. Geriatric Assessment SOAPnote Template
2. Premorbid Functional Status
3. Geriatric Review of Systems
4. Review of Dementia Related Symptoms
5. Geriatric Social History
6. Geriatric Family History
7. Geriatric Physical Exam
8. Functional Status: IADL
9. Functional Status: Basic Activities of Daily Living
10. Functional Status: Advanced ADLs
11. Get up and Go
12. POMA
13. Mini-Cog
14. Mini-Mental Status Exam
15. Confusion Assessment Measures
16. 2 Question Mood Screen
17. Geriatric Depression Scale
18. Patient Health Questionnaire 9 (PHQ-9)
19. CAGE Score
20. Geriatric Syndromes

1. GERIATRIC ASSESSMENT TEMPLATE FOR SOAP NOTE

**Subjective:**
Goals for Assessment/Admission/Discharge:
  Patient goals__. Family goals__. Provider goals__.
Functional History:
Premorbid Function Status: GeriPreFunctS__.
Review of Systems: GeriROS__.
Review of dementia related symptoms: GeriRODRS__.
Social History: GeriSHx__
Family History: GeriFHx__.

**Objective:**
Physical Exam; GeriPE__.
Assessment:
STABLE PROBLEMS: 
UNSTABLE PROBLEMS: Geriatric Syndrome GeriSyn.
Potential Medication Interactions.

Plan:
Plan for each problem:

Medications:
ACTIVE MEDICATIONS: *started/date added **stopped Rx:
OTC:
Supplements/herbals:

Follow Up:

2. PREMORBID FUNCTIONAL STATUS
Key: GeriPreFunctS

Premorbid Functional Status:
Prior to the onset of current change in health status, according to the following resource:
Patient__, Family__, Chart__, MD__, Old records__, Other__.
this patient's condition was as follows:
Incontinence__, Urine__, Fecal__. Dementia__. Previous MMSE score__. Date__.
State of Consciousness__. Obtunded__. Somnolent__. Lethargic__. Confusional state__. Clouding of consciousness__. Alert__. Hyperalert__.
Communication: Verbal__. Written__. Primary language__.
Mobility__. Human assist__. Cane__. Walker__. Wheelchair__.
Appetite__. Sleep habits__. Bed Mobility__. Transfer__.
Toilet__, W/o assistance__. Bathe__ W/o assistance__.
Dress__, W/o assistance__. Feed self__, W/o assistance__.
Groom__; W/o assistance__. Shopping__, W/o assistance__
Cooking__, W/o assistance__. Laundry__, W/o assistance__.
Telephone__, W/o assistance__. Medications__, W/o assistance__.
Housekeeping__, W/o assistance__. Manage money__, W/o assistance__.
Driving__, W/o assistance__.

3. GERIATRIC REVIEW OF SYSTEMS
Key: GeriROS

GEN:
Associated/Constitutional: Anorexia__. Confusion__. Falls__. Fatigue__. Fever__. Hypothermia__
Lethargy__. Malaise__. Mobility__. Weakness__ generalized__. Weight Gain__. Weight Loss__. Endocrine: Cold Intolerance__. Heat Intolerance__.
Hematologic/Lymphatic: Bleeding__. Bruising__. Ecchymosis__. Epistaxis__. Lymphadenopathy__. Petechiae__. Transfusions__. 
Allergic/Immunologic: Food Allergies__. Recent Infection__. Seasonal Allergies__. Medication Allergies__. 

ENT: Negative Head ears mouth nose and throat systems review__. Dental or Teeth Problems__. Dentures__. Drooling__. Dry Mouth__. Gingivitis__. Hearing loss__. Hoarseness__. Jaw Pain__. Oral Ulcerations__. Otalgia__. Post Nasal Drainage__. Sore Throat__. Problems Swallowing__. Taste__. Tinnitus__. 

Eyes: Blurred Vision__. Eye Pain__. Vision Impairment__. Central vision__. Peripheral vision__. Night vision__. Near vision__. 

NECK: Negative neck systems review__. Neck Limited Motion__. Neck Pain__. Neck Swelling__. 

LUNGS/Respiratory: Negative lungs-respiratory systems review__. Cough__. Dyspnea__. Hemoptysis__. Orthopnea__. Wheezing__. 

HEART/Cardiovascular: Negative HEART-CARDIOVASCULAR systems review__. Chest Pain__. Palpitations__. Shortness of Breath__. 

ABD/Gastrointestinal: Negative abdominal/gastrointestinal review__. Abdomen Pain__. Constipation__. Diarrhea__. Heart Burn__. Hematemesis__. Hematochezia__. Hernia__. Melena__. Nausea__. Regurgitation__. Bowel movement changes__. Vomiting__. 

GENT/Genitourinary: Negative genital/urinary/rectal/breast systems review__. Breast Mass__. Dysuria__. Hematuria__. Hemorrhoids__. Nocturia__. Pelvic Pain__. Stool Incontinence__. Urinary Incontinence__. Urine Flow Slow__. Urine Frequency__. Urine Hesitancy__. Urine Urgency__. 

BJE/Musculoskeletal: Negative bones/joints/extremities/musculoskeletal systems review__. Arthralgia__. Back Pain__. Heel Pain__. Hip Pain__. Joint Stiffness__. Joint Swelling__. Knee Pain__. Leg Pain__. Myalgia__. 

SKIN/Integumentary: Negative skin systems review__. Skin Lesions__. Bruising__. Diaphoresis__. Dry Skin__. Edema__. Erythema__. Hair Problems__. Jaundice__. Mole Changes__. Nail Problems__. Pressure Ulcers__. Pruritus__. Rash__. Tears__. Locations__. Varicose Veins__. Other Skin Lesions__. Locations__. 

NEURO: Negative neurological systems review__. Balance__. Confusion__. Dizziness__. Headache__. Falls__. Incoordination__. Memory Loss__. Paralysis__. Paresthesias__. Seizures__. Speech Impairment__. Syncope__. Tremor__. Insomnia__. 

PSYCH: Negative psychiatric systems review__. Agitation__. Anxiety__. Depressed__. Hallucinations__. Irritability__. 

4. REVIEW OF DEMENTIA-RELATED SYMPTOMS

Key: GeriRODRS

Review of Dementia-Related Symptoms
Interview caregiver.
Include severity of symptom to patient and distress that symptom causes caregiver
1. Delusions: Does the patient believe that others are stealing from him/her or planning to harm him/her in some way__. 
2. Hallucinations: Does the patient hearing voices or does he/she talk to people who are not there__. 
3. Agitation/Aggression: Is the patient stubborn or resistive of help from others__. 
4. Depression/Dysphoria: Does the patient act as if he/she were sad or in low spirits__. 
5. Anxiety: Does the patient become upset when separated from you__. Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense__. 
6. Elation/Euphoria: Does the patient appear to feel too good or act excessively happy__. 
7. Apathy/Indifference: Does the patient seem less interested in his/her usual activities and in the activities and plans of others__.
8. Disinhibition: Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings.
9. Irritability/Lability: Is the patient impatient and cranky. Does he/she have difficulty coping with delays or waiting for planned activities.
10. Motor Disturbance: Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other activities repeatedly.
11. Nighttime behaviors: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps.
12. Appetite: Has the patient lost or gained weight, or had a change in the type of food he/she likes.

5. GERIATRIC SOCIAL HISTORY
Key: GeriSocHx

SOCIAL HISTORY:
Current living situation.
Marital Status.
Primary Caregiver
- Self, Spouse, Child, Neighbor, Personal Homemaker, Other.
Children
Others in Support Group.
Educational level/health literacy.
Language.
Hobbies.
Activity/Exercise.
Spirituality.
Occupation/employment History.
Financial Status.
Insurance Type: Medicare supplement, Long term care insurance, Supplemental Security Income (SSI), Referrer to SOCARE.
Emergency contact on file.
Services/Community Agencies involved in care
- Home health, Homemaker/Companion, Hospitalization, Nursing Home, Counseling Services, Senior Center, Adult Day Care, Meals on Wheels, Senior Meal Site, Support Group, Physical therapy, Other.
Legal tools
- Representative payee, Conservatorship, Trust, POA for Health Care, POA for Finances, Living will, Healthcare Proxy, Five Wishes, Other advanced directives.
- None.
Diet/Nutrition Status
- Dietary Restrictions.
Premorbid Functional Status: GeriPreFunctS

6. GERIATRIC FAMILY HISTORY
Key: GeriFHx

Family History
There is a family history of:
- Stroke.
- CAD/MI.
- Dementia.
- Diabetes.
- Parkinson's Disease.
- Alzheimer's disease (proven by autopsy).
7. GERIATRIC PHYSICAL EXAM

Key: GeriPE

Physical Exam:
Vital Signs: Normal__ Abnormal__. Orthostatic changes__. (refer to Vital Signs Chart)
General: General appearance__. Level of consciousness__. Orientation__. Cooperation__. Nutritional
   status__. Hygiene__. Mobility__. Assistive devices__. IV/Lines__. Catheters__. Pain level score__
   Speech quality__. Mood__.
Skin: Rashes__. Lesions__. Color__. Turgor__. Scars__. Nails__. Hair__. Tattoos__. Eyes: Visual aids__. Inspection__ Vision__. Fundi exam__. Cranial nerves 2__3__4__ and 6__.
Ears: Hearing aids__. Inspection__. Otoscopic exam__. Cerumen__. Whisper test__. Finger rub test__.
Mouth: Dentures__. Inspection__. Teeth__. Gums__. Mucosa__. Tongue__. Hydration__. Hygiene__. Head and Neck: Inspection__. Skin__. Thyroid__. JVD__. Range of motion__. Carotid bruit__. Lymph
   nodes__. Pharynx__. Heart: PMI__. Thrills__. Rate__. Rhythm__. Murmur__. Gallops__. Pulses__.
Lungs: Inspection__. Percussion__. Rales__. Wheezes__. Rhonchi__. Abdomen: Inspection__. Bowel sounds__. Percussion__. Bruits__. Tenderness__. Liver__. Spleen__. Masses__. Hernia__.
G/U Female: External inspection: Mons pubis__. Labia majora__. Labia minora__. Internal inspection:
   Vagina__. Cervix__. Palpation: Uterus__. Adnexa__. Masses__. Tenderness__. Rectal exam__. Breast exam__.
G/U Male: Inspection: Penis__. Urethra__. Testes__. Scrotum__. Palpation: Penis__. Urethra__. Testes__ Scrotum__. Masses__. Tenderness__. Rectal exam__. Prostate__.
Musculoskeletal:
Extremities: Inspection: Amputations__. Deformities__. Color__. Edema__. Varicosities__. Palpation: Peripheral pulses__.
   Assistive devices__. Station__. Stability__. Symmetry__. Alignment__. Motor exam: Range of motion__. Strength__. Grasp__. Tone__. Crepitus__. Defects__. Tenderness__. Masses__. Fine motor skills__.
Gait Assessment: getupngo__.
Neurologic: Oriented to Date__. Time__. Place__. Cognition: Mental status: CAM__. minicog__. MMSE__.
   CN 2-12__. Sensory exam__. Pain__. Touch__. Proprioception__. Reflexes__. Balance__. Romberg__. Nudge__.
   Coordination__. Finger to nose testing__. Rapid alternating movements__. Tremors__. Abnormal movements__.
Psychiatric: Mood__. Affect__. 2qm/PHQ-2__. PHQ9__. Judgment__. CAGE__.

8. FUNCTIONAL STATUS: IADL

Key: IADL

Telephone Usage
Do not use at all__. Answer the phone but do not dial__. Dial a few well-known numbers__.
Use telephone at own initiative__. No access to telephone__. 
Shopping
Unable to shop __.
Needs to be accompanied to shop __.
Shops independently for small purchases __.
Shops independently __.

Food Preparation
Need to have meals prepared and served __.
Can prepare meals but do no maintain adequate diet __.
Prepare adequate meals if ingredients are supplied __.
Plan, prepare, and serve adequate meals __.

Housekeeping
Unable to perform any housekeeping tasks __.
Needs help with all home maintenance tasks __.
Perform light tasks (dishwashing, bed making) __.
Maintain house alone or with occasional assistance __.

Transportation
No travel at all __.
Travel on public transportation if accompanied __.
Travel alone on public transportation __.
Drive self __.
Driven by friends/relatives or taxi __.

Medications
Incapable of dispensing own medications __.
Dispense own medication if prepared before in separate dosages __.
Dispense own medications without assistance __.
Take no medications/vitamins __.

Finances
Do not manage own finances __.
Manage only day-to-day purchases, need help with banking and check writing __.
Manage financial matters independently __.

9. FUNCTIONAL STATUS: BASIC ACTIVITIES OF DAILY LIVING

Key: ADL

Basic Activities of Daily Living
A. Toilet
Care for self at toilet completely; no incontinence __.
Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents __.
Soiling or wetting while asleep more than once a week __.
Soiling or wetting while awake more than once a week __.
No control of bowels or bladder __.

B. Feeding
Eats without assistance __.
Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals __.
Feeds self with moderate assistance and is untidy __.
Requires extensive assistance for all meals __.
Does not feed self at all and resists efforts of others to feed him or her __.

C. Dressing
Dresses, undresses, and selects clothes from own wardrobe __.
Dresses and undresses self with minor assistance __.
Needs moderate assistance in dressing and selection of clothes __.
Needs major assistance in dressing but cooperates with efforts of others to help __.
Completely unable to dress self and resists efforts of others to help __.

D. Grooming (neatness, hair, nails, hands, face, clothing)
Always neatly dressed and well-groomed without assistance__.
Grooms self adequately with occasional minor assistance, eg, with shaving__.
Needs moderate and regular assistance or supervision with grooming__.
Needs total grooming care but can remain well-groomed after help from others__.
Actively negates all efforts of others to maintain grooming__.

E. Physical Ambulation
Goes about grounds or city__.
Ambulates within residence on or about one block distant__.
Ambulates with assistance of (check one)  a) another person __. b) railing__. c) cane __. d) walker__.
   e) wheelchair__. 1). Gets in and out without help__. 2). Needs help getting in and out__.
Sits unsupported in chair or wheelchair but cannot propel self without help
Bedridden more than half the time__.

F. Bathing
Bathes self (tub, shower, sponge bath) without help__.
Bathes self with help getting in and out of tub__.
Washes face and hands only but cannot bathe rest of body__.
Does not wash self but is cooperative with those who bathe him or her__.
Does not try to wash self and resists efforts to keep him or her clean__.

10. FUNCTIONAL STATUS: ADVANCED ADL
Key: AADL
Advanced Activities of Daily Living
Walk up and down a flight of stairs__.
Walk one-half mile__. Perform heavy work around the house__.

11. GET UP AND GO TEST
Key: getupngo
Completes in <14 seconds__. 
Is the person steady and balanced when sitting upright __.
Is the person able to rise without assistance of the arms __.
Does the person start walking without hesitancy __.
When walking, does each foot clear the floor well __.
Is there step symmetry, with the steps equal length and regular __.
Does the person take continuous, regular steps __.
Does the person walk straight without a walking aid __.
Is the person able to sit safely and judge distance correctly __.
Optional:
   Is the person able to stand with the arms folded __.
   When standing, is the person steady in narrow stance __.
   With eyes closed, does the person remain steady __.
   When nudged, does the person recover without difficulty __.
   Does the person stand with heels close together __.
For a more thorough exam: POMA__.

12. PERFORMANCE-ORIENTED MOBILITY ASSESSMENT (POMA)
Key: POMA
Performance-Oriented Mobility Assessment
Balance Assessment
Chair:
Instructions: Place a hard armless chair against a wall. The following maneuvers are tested.

1. Sitting down
   0 = unable without help or collapses (plops) into chair or lands off center of chair.
   1 = able and does not meet criteria for 0 or 2.
   2 = sits in a smooth, safe motion and ends with buttocks against back of chair and thighs centered on chair.

2. Sitting balance
   0 = unable to maintain position (marked slide forward or leans forward or to side).
   1 = leans in chair slightly or slight increased distance from buttocks to back of chair.
   2 = steady, safe, upright.

3. Arising
   0 = unable without help or loses balance or requires > three attempts.
   1 = able but requires three attempts.
   2 = able in ≤ two attempts.

4. Immediate standing balance (first 5 seconds)
   0 = unsteady, marked staggering, moves feet, marked trunk sway or grabs object for support.
   1 = steady but uses walker or cane or mild staggering but catches self without grabbing object.
   2 = steady without walker or cane or other support.
   Have patient stand.

Gait Assessment:
5a. Side-by-side standing balance
   0 = unable or unsteady or holds ≤ 3 seconds.
   1 = able but uses cane, walker, or other support or holds for 4–9 seconds.
   2 = narrow stance without support for 10 seconds.

5b. Timing ___ - ___ seconds.

6. Pull test (person at maximum position attained in #5, examiner stands behind and exerts mild pull back at waist)
   0 = begins to fall.
   1 = takes more than two steps back.
   2 = fewer than two steps backward and steady.

7a. Able to stand on right leg unsupported
   0 = unable or holds onto any objects or able for < 3 seconds.
   1 = able for 3 or 4 seconds.
   2 = able for 5 seconds.

Instructions: Person stands with examiner, walks down 10-ft walkway (measured). Ask the person to walk down walkway, turn, and walk back. The person should use customary walking aid.

Bare Floor: (flat, even surface)
1. Type of surface:
   1 = linoleum or tile.
   2 = wood.
   3 = cement or concrete.
   4 = other.
   [not included in scoring]

2. Initiation of gait (immediately after told to “go”)
   0 = any hesitancy or multiple attempts to start.
   1 = no hesitancy.

3. Path (estimated in relation to tape measure). Observe excursion of foot closest to tape measure over middle 8 feet of course.
   0 = marked deviation.
   1 = mild or moderate deviation or uses walking aid.
   2 = straight without walking aid.

4. Missed step (trip or loss of balance)
   0 = yes, and would have fallen and two or more missed steps.
   1 = yes, but appropriate attempt to recover and no more than two missed steps.
   2 = none.

5. Turning (while walking)
   0 = almost falls.
1 = mild staggering, but catches self, uses walker or cane ___.
2 = steady, without walking aid ___.

6. Step over obstacles (to be assessed in a separate walk with two shoes placed on course 4 feet apart)
   0 = begins to fall at any obstacle or unable or walks around any obstacle or two missed steps ___.
   1 = able to step over all obstacles, but some staggering and catches self or one to two missed steps ___.
   2 = able and steady at stepping over all four obstacles with no missed steps ___.

   Interpretation of Score: 25-28 = low fall risk ___. 19-24 = medium fall risk ___. < 19 = high fall risk ___.

13. MINI-COG
   Key: minicog

   Clock correct ___. Recall ___.

14. MINI MENTAL STATUS EXAM
   Key: MMSE

   Mini Mental Status Exam
   1. What is the: Year __. Season __. Date __. Day __. Month __.
   2. Where are we: State __. County __. Town __. Hospital/Building __. Floor __.
   3. Name 3 Objects: 1 second to say each. Then ask the patient to name all three.
      Give 1 point for each correct answer.
      0 __. 1 __. 2 __. 3 __.
   4. Serial 7’s: 1 point for each correct answer.
      0 __. 1 __. 2 __. 3 __. 4 __. 5 __.
   5. Ask for 3 objects repeated above:
      0 __. 1 __. 2 __. 3 __.
   6. Hold up a pencil and a watch: Ask patient what each is; 1 point for each correct identification.
      Pencil __. Watch __.
   7. Successfully repeats "No ifs, ands, or buts" __.
   8. Follows this 3 stage command:
      "Take a paper in your right hand, fold it in half, and put it on the floor"
      0 __. 1 __. 2 __. 3 __.
   9. Reads and obeys the following statement: "Close your eyes" __.
   10. Writes a sentence __.
   11. Copies design: __.
   Total Points out of 30 = __. (nl 26-30)

15. CONFUSION ASSESSMENT MEASURES
   Key: CAM

   Both acute onset ___. and fluctuating course ___. and inattention ___. and either disorganized thinking ___. or altered level of consciousness ___.

16. 2 QUESTION MOOD SCREEN
   Key: 2qm PHQ-2

   During the past month,
17. GERIATRIC DEPRESSION SCALE
Key: GDS

Geriatric Depression Scale
Choose the best answer for how you felt over the past week.
Are you basically satisfied with your life? No__.
Have you dropped many of your activities and interests? Yes__.
Do you feel that your life is empty? Yes__.
Do you often get bored? Yes__.
Are you in good spirits most of the time? NO__.
Are you afraid that something bad is going to happen to you? Yes__.
Do you feel happy most of the time? No__.
Do you often feel helpless? Yes__.
Do you prefer to stay at home, rather than going out and doing new things? Yes__.
Do you feel you have more problems with memory than most? Yes__.
Do you think it is wonderful to be alive now? No__.
Do you feel pretty worthless the way you are now? Yes__.
Do you feel full of energy? No__.
Do you feel that your situation is hopeless? Yes__.
Do you think that most people are better off than you are? Yes__.

Score 1 point for each + answer. Cut-off: normal 0–5; above 5 suggests depression.

18. PATIENT HEALTH QUESTIONNAIRE 9
Key: PHQ9

Patient Health Questionnaire - 9
Over the last 2 weeks, how often have you been bothered by any of the following problems?
KEY: 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day

1. Little interest or pleasure in doing things. 0__ 1__ 2__ 3__
2. Feeling down, depressed, or hopeless. 0__ 1__ 2__ 3__
3. Trouble falling or staying asleep, or sleeping too much. 0__ 1__ 2__ 3__
4. Feeling tired or having little energy. 0__ 1__ 2__ 3__
5. Poor appetite or overeating. 0__ 1__ 2__ 3__
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down. 0__ 1__ 2__ 3__
7. Trouble concentrating on things, such as reading the newspaper or watching television. 0__ 1__ 2__ 3__
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual. 0__ 1__ 2__ 3__
9. Thoughts that you would be better off dead, or of hurting yourself in some way. 0__ 1__ 2__ 3__

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
Not difficult at all__. Somewhat difficult__. Very difficult___. Extremely difficult___.

Interpretation of Total Score
Total Score - Depression Severity
0–4 – None
5–9 - Mild depression
10–14 - Moderate depression
15–19 - Moderately severe depression
20–27 - Severe depression

19. CAGE
Key: CAGE
C Have you ever felt you should Cut down__.
A Does others' criticism of your drinking Annoy you__.
G Have you ever felt Guilty about drinking__.
E Have you ever had an “Eye opener” to steady your nerves or get rid of a hangover__.
Positive response to any suggests problem drinking__.

20. GERIATRIC SYNDROME/RISKS
Key: GeriSyn
Geriatric Syndrome/Risks. This patient has (+) or * is at risk for: Constipation __. Deconditioning __. Delirium __. Depression__. Dizziness__. Drug misadventure __. Falls __. Immobility __. Incontinence __. Malnutrition __. Osteoporosis __. Pneumonia __. Pressure Ulcers __. Sleep disorders__ Syncope__. Urinary Tract Infection__.

Key References