GWEP Geriatrics Case Conference

Instructions:

☐Only fill out the parts of this form that are **relevant** to your case.
☐Please attach medication list including over the counter medications, herbs, and supplements.
☐Include additional information as needed for your case.
☐Please be sure to **de-identify** all documents before sending.
☐Return to Mary Jo Spurgin at maryjo.spurgin@unmc.edu or fax to 402-559-3877.

Patient: ◯New ◯Follow Up **Today's Date:** _____ **Encounter Date:** _____
Clinician: _____ **e-mail:** _____
Main Concern (no more than 1 sentence):

_____
_____

Demographics

Age: _____
Gender: ☐ M ☐F
Race: American Indian
Hispanic or Latino: ☐Yes ☐ No

Health Insurance: None
If Other Health Insurance, specify:
_____

History of Present Illness (*include onset, duration of symptoms, associated symptoms, alleviating or aggravating factors***):**

_____
_____
_____
_____
_____
_____

Past Medical History (check all that apply)

☐Dementia (Type_____Onset____)
☐Delirium
☐Depression
☐Anxiety
☐Schizophrenia
☐PTSD
☐Parkinson's Disease
☐Seizure Disorder
☐CVA (Date:_____, Residuals deficits: _____)
☐Hypertension
☐Diabetes (Type 2 HgA1c ___
☐Heart failure
☐Coronary artery disease
☐CKD (Stage:__)
☐Atrial fibrillation
☐COPD
☐Cancer, active N
☐Peripheral Neuropathy
☐Fall(s)
☐Urinary incontinence
☐Osteoporosis
☐Visual impairment
☐Hearing Impairment
☐Arthritis
☐Persistent pain
☐Other

If Other, please describe: _____

Social History (check all that apply)

Living situation:

☐ Alone in home/apartment ☐ Assisted living
☐ With spouse, family or friend ☐ Adult family home
☐ Homeless ☐ Other

Years of education: _____

Current/previous occupation:_____

POLST:_____

Decision maker: ☐ Self ☐ Family ☐ Guardian ☐ Other

DPOA ☐Yes ☐No

Low Health literacy? ☐Yes ☐No

Supportive/Community services:_____

Social support:_____

Substance Abuse history:

Alcohol? ☐Yes ☐No Tobacco?☐ Yes☐ No Illicit drugs?☐Yes☐ No

Functional Assessment - *At Baseline* - Can patient do these independently?

Instrumental Activities of Daily Living (IADLs)

☐Meal preparation
☐Shop
☐Housekeeping
☐Laundry
☐Use Telephone
☐Drive
☐Arrange own transportation
☐Manage Finances
☐Medication Management

Activities of Daily Living (ADLs)

☐Dressing
☐Eating
☐Ambulating
Uses an assistive device: ☐walker ☐ cane ☐ wheelchair
☐Bathing
☐Toileting
☐Transferring

Additional Testing (if available and/or relevant to case)

- PHQ-9 or Geriatric Depression Scale (circle one) Score and Date: _____, _____
- MiniCog Score and Date (attach clock if available): _____, _____
- MoCA Score and Date (consider if Minicog abnormal): _____, _____
- Other neuropsych tests/results: _____
- Timed Up and Go Results: _____

Physical Exam:

Height: _____ ft / in Weight: _____ lbs BMI: _____

Key Exam findings (relevant to case):

_____

_____

_____

_____

Current Labs (if relevant / available)**:**

Hct	_____	25-OH Vitamin D	_____
Creatinine	_____	B12	_____
TSH	_____	Other:_____	_____

Imaging/Diagnostic Testing (most recent, if relevant) (date, results):

- Pertinent radiographs _____ _____
- Head Imaging _____ _____
- DEXA _____ _____
- Echo _____ _____
- EKG _____ _____

Please de-identify and return to Mary Jo Spurgin
maryjo.spurgin@unmc.edu or fax to 402-559-3877