

CARE OF OLDER ADULTS (COA) ASSESSMENT FORM

Patient name: _____ DOB: _____ ID: _____

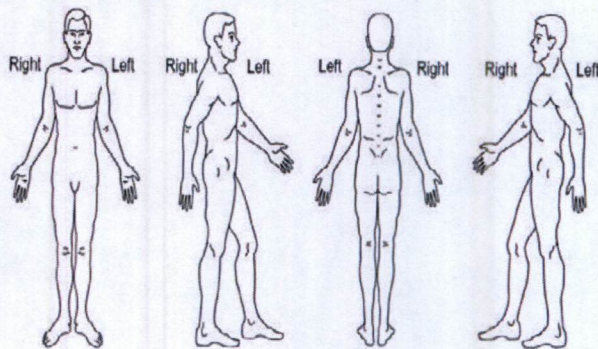
Cognitive status: Intact _____ Not oriented (circle one or both): Place, Time Memory intact: Yes _____ No _____

Ambulatory status: No assistance _____ Needs assistance _____ Vision: Excellent _____ Diminished _____

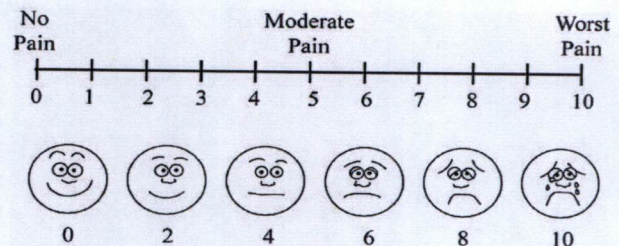
Hearing: Excellent _____ Diminished _____ Speech: Clear _____ Impaired _____ (describe) _____

PAIN ASSESSMENT: No pain _____ Complains of pain _____

Using the diagram below, circle where the patient's primary pain is located:



Using the scale below, circle the level of pain the patient is feeling:



Comments: _____

ACTIVITIES OF DAILY LIVING (ADL): Indicate YES (Y) or NO (N) to the following:

Does the patient have problems or need assistance with: Bathing/Grooming: _____ Eating: _____ Dressing: _____ Walking: _____
Transferring: _____ Using toilet: _____ Bladder continence: _____ Bowel continence: _____

ADVANCED CARE PLANNING (ACP): Indicate YES(Y) or NO (N) and enter date of ACP discussion:

Patient has: Advanced directive: _____ Living will: _____ Surrogate decision letter: _____

Date you discussed ACP with patient: ____/____/____

MEDICATION REVIEW also is a COA measure. A complete medication list and review should be part of the medical record.

CLINICIAN'S NAME (print): _____ SIGNATURE: _____

DATE: _____ CREDENTIALS (circle): M.D. DO PA ARNP RN LPN

Commonly used
codes (for
reference):

| Code | Description |
|-------|--|
| 1125F | Pain is present |
| 1126F | No pain is present |
| 1157F | Advanced care plan is presented in the medical record |
| 1158F | Advanced care plan was discussed |
| 1159F | Medication list is presented in the medical record |
| 1160F | Medication review is completed by a physician and documented in the medical record |
| 1170F | Functional status assessed |