

CARE FOR OLDER ADULTS ASSESSMENT FORM

Patient _____ DOB _____ Member ID# _____

Please fax completed form to HPSM's Population Health Team at: **650-829-2072**

FUNCTIONAL STATUS ASSESSMENT

Activities of Daily Living

Completely Independent Yes No (if NO, check type of assistance required below)

Assistance with ADLs *Bathing* *Dressing* *Toileting* *Transferring*
 Continence *Eating* *Walking*

Assistance with IADLs *Driving OR* *Handling Finances* *Laundry* *Taking Medications*
 Using Public *Home Repair* *Meal Preparation* *Using the Phone*
 Transportation *Housework* *Shopping*

Has Caregiver in place: Yes No N/A

Functionally Independent

Currently Working Yes No Able to exercise Yes No Able to perform a job Yes No

Cognitive Status

Alert and Oriented Impaired Dementia

Is the patient at risk for wandering? Yes No

Claim Coding: CPT 1170F must be reported on the claim to qualify for Functional Status Assessment.

ADVANCE CARE PLANNING (ACP)

Does the patient have: Advance Directives Yes No Living Will Yes No
 Surrogate Decision Letter Yes No POLST Yes No

Date discussed with Patient/Family Members:

*Copy of ACP Document in Chart Yes No *If Yes, Please attach a copy of the Advance Care Plan to this form

Claim Coding: CPT 1157F, 1158F, 99497 must be reported on the claim to qualify for Advance Care Planning

MEDICATION REVIEW/LIST

Medication Review Completed: Yes No

***Please attach a copy of current medications (i.e. Medication List of office note with provider signature and date reviewed).**

Both Medication review and Medication list must be submitted together for the same date of service.

Claim Coding: CPT 1159F and 1160F must be reported on the claim to qualify for Medication Review/List

COMPREHENSIVE PAIN ASSESSMENT

Has Pain Yes No (must select option Yes or No)

If chronic pain mark Level of Pain

No pain *Moderate Pain* *Worst Pain*

Location(s) of Pain _____

1 2 3 4 5 6 7 8 9 10

Claim Coding: CPT 1125F (pain present) or 1126F (pain absent) must be reported on the claim to qualify for Pain Screening

GENERAL HEALTH

BMI: BMI ICD-10-CM Diagnosis Codes Z68.1, Z68.20-Z68.39, Z68.41-Z68.45

Pneumococcal Vaccination: Yes No N/A

Breast Cancer Screening: Yes No N/A

Colorectal Cancer Screening: Yes No N/A

Is the member experiencing homelessness? Yes (Z59.0-Z59.1) No

Is the member experiencing food insecurity? Yes (Z59.4) No

Claim Coding: CPT 1157F, 1158F, 99497 must be reported on the claim to qualify for Advance Care Planning

Physician's Name: _____ Print physician's name (if other) _____

Physician's Signature: _____ Date Assessment completed _____

Comments: _____

