

## Comprehensive Geriatric Assessment Forms

### Components of Section 4 of CGA-Physical Examination

#### A: General Examination

1. Height: cm
2. Weight: kg
3. Waist circumference: C ITI
4. Hip circumference: cm
5. Body mass index (BMI) (kg/m<sup>2</sup>):
6. Waist hip ratio (formula is waist circumference/hip circumference):
7. Temperature (Normal: 98.6°F- 99.6°F)
8. Respiratory rate (Normal: 14-18 breaths/minute)
9. Pulse rate (Normal: 60-100 beats/minute)
10. Blood pressure (in sitting, standing and supine position) (Normal systolic/diastolic: 100- 140/60-90 mm Hg)

#### B. Head to toe Examination

Aspects to be examined	Findings (tick wherever applicable)
<b>Level of consciousness</b>	<b>Alert-oriented-cooperative</b>
<b>Build</b>	<b>Thin/average/large</b>
<b>Stature</b>	<b>Small/average/tall</b>
<b>Nutrition</b>	<b>Undernourished/average/obese</b>
<b>Facial Appearance</b>	<b>Absence of wrinkling of forehead/deviation of angle mouth</b>
Hair	Loss of hair Colour of hair-white/grey/brownish discolouration

#### C. Systemic Examination

<b>Eyes</b>	Drooping of eyelids Pallor Yellow discoloration (of sclera) Bitot's spots Cataract
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<b>Mouth</b>	Dryness of lips Soreness in angle of mouth Dryness of tongue Ulcer in mouth/tongue Presence/absence of teeth/ Staining of Teeth Swelling/ bleeding from gums Any growth seen in mouth Pallor/bluish discolorations (of tongue and lips)
<b>Neck</b>	Swelling
<b>Chest</b>	Abnormal shape of chest Fats breathing (respiratory rate, 20/minute)
<b>Abdomen</b>	Distension of abdomen Change in shape of abdomen
<b>Hands and nails</b>	Change in shape of nails, pallor (nails and palms)
<b>Feet and toes</b>	Bow legs/knocked knees/claw foot
<b>Skin</b>	Yellowish discoloration Dryness Any change in colour of skin Any growth on skin
<b>Any obvious deformity (of skull, spine, limbs or swelling of abdomen/feet/face/entire body)</b>	

### C. Systemic Examination

	What to look for?	Description
<b>Joints</b>	<ol style="list-style-type: none"> <li>1. Redness</li> <li>2. Swelling</li> <li>3. Degree of movements</li> <li>4. Increased local temperature</li> <li>5. Tenderness</li> </ol>	
<b>Cervical Spine</b>	<ol style="list-style-type: none"> <li>1. Pain</li> <li>2. Stiffness</li> <li>3. Tenderness</li> </ol>	
<b>Thoracic Spine</b>	<ol style="list-style-type: none"> <li>1. <b>Curvature</b></li> <li>2. <b>Scars</b></li> <li>3. <b>Discolorations</b></li> </ol>	

<b>Lumbar spine RS</b>	1. Respiratory rate 2. Respiratory rhythm Palpate the following: a. Size and shape of the thorax during respirations b. Intercostal spaces (for bulging or retractions) c. Any scars or other skin abnormalities (skin temperature as well) d. Tenderness or pain (palpate gently) e. Breath sounds (normal/abnormal-adventitious sounds)			
<b>CVS</b>	a. Chest Pain b. S1/S2 c. Murmurs d. Palpitation			
<b>P/A</b>	a. Shape b. Position of umbilicus c. Dilated veins			
<b>Neurological examination</b>				
			<b>Right</b>	<b>Left</b>
<b>Muscle strength</b>	Upper limb	Shoulder		
		Elbow		
		Wrist		
		Small muscles of hand		
	Lower limb	Hip		
		Knee		
		Ankle		
<b>Tone</b>	Rigidity/Hypotonia/Spasticity	Describe		
<b>Balance</b>	<b>Normal/Abnormal</b>	<b>Sensory</b>	<b>Cerebellar</b>	<b>Vestibular</b>
<b>Gait</b>				
<b>Timed Up and Go test (secs)</b>				

**D. Current Treatment Details:**

[Document all prescription and nonprescription drugs including over the counter medications and alternative medications]

Drug with dose and schedule		Drug with dose and schedule	
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
Polypharmacy (any use of >4 drugs including over the counter drugs and alternative medicines)		YES	NO