

Geriatric Nursing Assessment

Patient Name

Date of Assessment

Date of Birth

Medical Record Number

Presenting Complaints

Medical History

Surgical History

Medications

Allergies

Immunizations

Functional Assessment

ADLs (Activities of Daily Living)

IADLs (Instrumental Activities of Daily Living)

Cognitive Assessment

Mood Assessment / Depression

Nutrition / Weight

Vision / Hearing

Falls

Social History

Physical Assessment

Plan & Recommendations