

# Geriatric Pre-Operative Assessment Form

## Patient Information

Full Name

Date of Birth

Medical Record Number

Sex

## Surgical Information

Planned Procedure

Date of Surgery

Surgeon

## Medical History

Comorbidities

Previous Surgeries

Medications

Allergies

# Functional Assessment

Mobility Status

ADL (Activities of Daily Living)

Cognitive Status

## Physical Examination

Vital Signs

General Examination

## Risk Assessment

ASA Score

Frailty Score/Index

Other Risk Scores

## Other Notes