

Geriatric Functional A.: BARBARA TEST

Screen | Meds | Mobility | ADL | MMSE | GDS | Incontinence | PPE

Sections in red should be addressed for the welcome to Medicare PE (JPPE)

Vision

Acuity In-office

Document visual acuity

eye professional

Hearing

Document audiogram or whisper test

Assessed

1

Falls Risk Assessment

Ambulations

Prior ambulation status

Have you had any falls in the past year? yes no

Do you have any balance problems? yes no

Reported prior falls

Falls Assessment

Nutrition

Weight status

Record weight change

Weight change

BMI

Urinary Difficulties

Urine incontinence

Frequency

Urgency

Mental Status

3 item recall

Full MMSE

Clock drawing test

?

Depression

Do you feel depressed?

yes no

Have you been treated for depression in the past?

yes no

Geriatric Depression Scale

Dependency screen

Are you independent with all IADL functions? Independent Dependent

?

Social Support Who could help you in case of emergency?

Phone number

If indicated evaluate level of need/support.

Dependency/Support

Gen Orders

Advance Directive

Directives

Update Directives

Advance Directive Reviewed

Include Directive in Note

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

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Screen | **Meds** | Mobility | ACL | MMSE | GDS | Incontinence | IPPE

Medication should be reviewed at each visit and when possible SIMPLIFY

Current Meds: Allergies:

*4 or more medications can cause HIGH FALL RISK.
Medication can cause or worsen all of the geriatric syndromes.*

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Falls Assessment

Get Up & Go Test.
Observe & time the patient as he/she rises from sitting position, walks 10 feet turns & returns to chair.

Ambulation:

Get Up and Go:

If < 15 seconds, Small Risk; If 16-29 seconds, Moderate Risk; If >30 sec

History of fall within the past year: yes no

Do you have any balance problems? yes no

Enter additional history regarding falls or fall risk below:

Fall Risk:

Orthostatic Blood Pressures

Lying	Sys:	<input type="text"/>	Diast:	<input type="text"/>
Sitting	Sys:	<input type="text"/>	Diast:	<input type="text"/>
Standing	Sys:	<input type="text"/>	Diast:	<input type="text"/>

Home environment

Are there any potential home hazards?

Strength and Dexterity

Fine motor:

Proximal arm:

Strength and tone:

Medication review

Be aware that 4 or more medications is HIGH FALL RISK.

Medication list reviewed including OTC medications

If high risk or multiple falls consider Gait and Balance Physical Therapy Referral.

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Screen

Meds

Mobility

ADL

MMSE

CCS

Incontinence

IPPE

For details on IADL scale select this box.

Show IADL scale

ADL

Are you independent with the following activities - bathing, dressing, toileting, feeding?

Yes

Previous

No

Clear

Are you independent with the following activities - bathing?

Independent

Dependent

Are you independent with the following activities - dressing?

Independent

Dependent

Are you independent with the following activities - toileting?

Independent

Dependent

Are you independent with the following activities - feeding?

Independent

Dependent

Home environment

Are there any potential home hazards?

Instrumental Activities of Daily Living

Print IADL scale

Memory Impairment and Driving

Instrumental Activities of Daily Living

All Independent

Previous

All Dependent

Clear

Are you independent with the following activities?

- | | | | | |
|-------------------------|-----------------------|-------------|-----------------------|-----------|
| Shopping: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Transportation: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Laundry: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Light housework: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Light meal preparation: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Managing finances: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Using the telephone: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |
| Taking medications: | <input type="radio"/> | Independent | <input type="radio"/> | Dependent |

Social Support

Who could help you in case of emergency?

Emergency contact phone number:

Gerl Orders

Print Caregiver Strain Survey

Return to screen tab

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ADL

MMSE

GDS

Incontinence

IPPE

Mental Status

MMSE Score Assessment of Impairment

Impairment level: Score > 24, none to minimal; 20-24, Mild; 18-19, Moderate; 11-18, Severe; <11, Profound

Include each individual response with total score

Mental status eval: *0=incorrect/no answer 1=correct*

What is today's date? 0 1

What is the month? 0 1

What is the year? 0 1

What day of the week is today? 0 1

What season is it? 0 1

What is the name of this office? 0 1

What floor are we on? 0 1

What city are we in? 0 1

What county are we in? 0 1

What state are we in? 0 1

Registration: Name 3 objects, such as "ball, flag, tree", taking one second to say each. Then ask the patient to repeat all three. Give one point for each correct answer.

Registration (3 items) 0 1 2 3

Naming Objects: Point to a pencil and a watch. Ask patient to name each as you point. Give one point for each correct answer.

Naming Objects 0 1 2

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Ask patient to count backwards from 100 by sevens (93, 86, 79, 72, 66). Stop after 5 answers. Give one point for each correct answer.

Alternative: Ask patient to spell "WORLD" backwards. Give one point for each letter in the correct order.

Calculation or Spelling 0 1 2 3 4 5

Ask for names of the three objects learned in "Registration". Give one point for each correct answer.

Recall of 3 items 0 1 2 3

Repeating words: Ask patient to repeat "No ifs, ands, or buts". Give one point if correct.

Repeating words 0 1

Three-step Command: Give the patient a plain piece of paper and say, "Take the paper in your hand, fold it in half, and put it on the floor." Give one point for each command correctly followed.

Three-step Commands 0 1 2 3

Written Command: Hold up a card reading "Close your eyes". Ask him/her to read it and do what it says. Give one point if the patient actually closes his/her eyes.

Written Commands 0 1

Writing: Ask patient to write a simple sentence. Give patient one point if sentence has a noun and a verb.

Writing Sentence 0 1

Ask patient to copy the design on printed form. Give one point if pattern copied correctly.

Pattern or clock face 0 1

Gerl Orders

TSHET2

1

Return to screen tab

Anticholinesterase trial for Alzheimer's symptoms.

Donepezil Trial with handout

1

Dementia medication

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Screen

Meds

Mobility

ADL

MMSE

GDS

Incontinence

FPE

5 Item Geriatric Depression Screen

1. Are you basically satisfied with your life? (Y=0, N=1)

YES

0

NO

1

2. Do you often get bored? (Yes=1, No=0)

1

0

3. Do you often feel helpless? (Yes=1, No=0)

1

0

4. Do you prefer to stay at home, rather than going out and doing new things? (Yes=1, N

1

0

5. Do you feel pretty worthless the way you are now? (Yes=1, No=0)

1

0

Include Geriatric depression score in note.

Prior Geriatric Depression Score

0

Gerl Orders

Antidepressant medication

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Incontinence Impact Questionnaire

[Impact Questionnaire](#)

You may print out handout and have patient complete or ask questions at the time of the visit.

Question: Has urine leakage affected your ...

Not at All | Slightly | Moderately | Greatly

1. Ability to do household chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physical recreation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Entertainment activities (movies etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ability to travel by car or bus more than 30 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participation in social activities outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Your emotional health (depression etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling frustrated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Available Patient Handouts

[Daily Habits and Urinary Incontinence](#)

[Urinary Incontinence and Its Treatment](#)

[Urge Incontinence: Diagnosis and Treatment](#)

[Bladder Training for Urinary Incontinence](#)

[Bladder Diary](#)

[Kegel Exercises](#)

[Gerl Orders](#)

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Welcome to Medicare Physical Exam

Patients are eligible for an initial preventative physical examination (IPPE) within the first six months of enrollment in Medicare B regardless of age. This examination must include comprehensive medical and social history, measurement of height, weight, blood pressure, visual acuity, depression screening, functional mobility and safety assessment, as well as an EKG. In order to meet these requirements go to the screen page and complete the items in red. Other preventative services such as colorectal cancer screening are covered separately and are not part of this exam. CMS does allow billing for other medically necessary services in addition to this initial exam if appropriate.

In order to bill for this exam please make sure that your documentation includes the items marked in red on the screen page. Also bill using the proper G. codes which are shown in the geriatric orders custom list.

AAA screen in men only covered if done at time of the IPPE

Perform BKG as part of exam.

[Gerl Orders](#)

[Return to screen tab](#)