

Geriatric Complete Health History  
Advanced Health Assessment  
NURC 3069

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

**VITAL SIGNS:** Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_

Temperature (if indicated) \_\_\_\_\_

**1. Biographical Data**

Initials: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation—previous if retired (volunteer activities?): \_\_\_\_\_

Race/ethnic origin: \_\_\_\_\_

**2. Source and Reliability:** \_\_\_\_\_

**3. Past Health**

General Health: \_\_\_\_\_

Childhood Illnesses: \_\_\_\_\_

Accidents or Injuries: \_\_\_\_\_

Serious or Chronic Illnesses: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Operations: \_\_\_\_\_

Obstetric History (female): Gravida \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_

Immunizations: \_\_\_\_\_

Last physical examination date: \_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

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**4. Family History (ask person to think back 2 generations if possible.)**

**Specify: Yes or No- IF YES, which blood relation?**

Heart disease _____	Allergies _____
High blood pressure _____	Asthma _____
Stroke _____	Obesity _____
Diabetes _____	Alcoholism _____
Breast cancer _____	Blood disorders _____
Cancer (other) _____	Kidney disease _____
Sickle cell _____	Tuberculosis _____
Arthritis _____	Seizure disorder _____

**5. Review of Systems**

(Include both past health problems that have been resolved and current problems, **including** date of onset). Use the parameters as a guide. **DO NOT** use “within normal limits,” chart your assessment, even normals.

Assessment Parameter	NOTES
<p><b>General Overall Health state:</b> Present weight is: (gain or loss, period of time, by diet or other factors), fatigue, weakness or malaise, fever, chills, sweats or night sweats.</p>	
<p><b>Skin:</b> History of skin disease (eczema, psoriasis, hives), pigment or color change, change in mole, excessive dryness or moisture, pruritus, excessive bruising, rash, or lesion.</p>	
<p><b>Hair:</b> Recent loss, change in texture.</p>	
<p><b>Nails:</b> Change in shape, color, or brittleness.</p>	

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Assessment Parameter	NOTES
<b>Health Promotion:</b> Amount of sun exposure, method of self-care for skin and hair.	
<b>Head:</b> Any unusually frequent or severe headache, any head injury, dizziness (syncope), or vertigo.	
<b>Eyes:</b> Difficulty with vision (decreased acuity, blurring, blind spots), eye pain, diplopia (double vision), redness or swelling, watering or discharge, glaucoma or cataracts.	
<b>Health Promotion:</b> Wears glasses or contacts; last vision check or glaucoma test; how coping with loss of vision if any.	
<b>Ears:</b> Earaches, infections, discharge and its characteristics, tinnitus, or vertigo.	
<b>Health Promotion:</b> Hearing loss, hearing aid use, how loss affects daily life, any exposure to environmental noise, method of cleaning ears.	
<b>Nose and Sinuses:</b> Discharge and its characteristics, any unusually frequent or severe colds, sinus pain, nasal obstruction, nosebleeds, allergies or hay fever, or change in sense of smell.	
<b>Mouth and Throat</b> Mouth pain, frequent sore throat, bleeding gums, toothache, lesion in mouth or tongue, dysphagia, hoarseness or voice change, tonsillectomy, altered taste.	
<b>Health Promotion:</b> Pattern of daily dental care, use of prostheses (dentures, bridge) and last dental checkup.	
<b>Neck</b> Pain, limitation of motion, lumps or swelling, enlarged or tender nodes, goiter.	

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<b>Assessment Parameter</b>	<b>NOTES</b>
<b>Breast</b> Pain, lump, nipple discharge, rash, history of breast disease, any surgery on breasts.	
<b>Axilla:</b> Tenderness, lump or swelling, rash.	
<b>Health Promotion:</b> Performs breast self-examination, last mammogram and results.	
<b>Respiratory System:</b> History of lung disease (asthma, emphysema, bronchitis, pneumonia, tuberculosis), chest pain with breathing, wheezing or noisy breathing, shortness of breath, how much activity produces shortness of breath, cough, sputum (color amount), hemoptysis, toxin or pollution exposure.	
<b>Health Promotion:</b> Last chest x-ray.	
<b>Cardiovascular System:</b> Precordial or retrosternal pain, palpitation, cyanosis, dyspnea on exertion (specify amount of exertion it takes to produce dyspnea), orthopnea, paroxysmal nocturnal dyspnea, nocturia, edema, history of heart murmur, hypertension, coronary artery disease, anemia.	
<b>Health Promotion:</b> Date of last ECG or other heart tests and results.	
<b>Peripheral Vascular System:</b> Coldness, numbness and tingling, swelling of legs (time of day, activity), discoloration in hands or feet (bluish red, pallor, mottling, associated with position, especially around feet and ankles), varicose veins or complications, intermittent claudication, thrombophlebitis, ulcers.	
<b>Health Promotion:</b> If work involves long-term sitting or standing, avoid crossing legs at the knees, wear support hose.	
<b>Gastrointestinal System:</b>	

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<b>Assessment Parameter</b>	<b>NOTES</b>
<p>Appetite, food intolerance, dysphagia, heartburn, indigestion, pain (associated with eating), other abdominal pain, pyrosis (esophageal and stomach burning sensation with sour eructation), nausea and vomiting (character), vomiting blood, history of abdominal disease (ulcer, liver or gallbladder, jaundice, appendicitis, colitis), flatulence, frequency of bowel movement, any recent change, stool characteristics, constipation or diarrhea, black stools, rectal bleeding, rectal conditions, hemorrhoids, fistula).</p>	
<p><b>Health Promotion:</b> Use of antacids or laxatives.</p>	
<p><b>Urinary System:</b></p> <p>Frequency, urgency, nocturia (the number of times the person awakens at night to urinate, recent change), dysuria, polyuria or oliguria, hesitancy or straining, narrowed stream, urine color (cloudy or presence of hematuria), incontinence, history of urinary disease (kidney disease, kidney stones, urinary tract infections, prostate), pain in flank, groin, suprapubic region, or low back.</p>	
<p><b>Health Promotion:</b> Measures to avoid or treat urinary tract infections, use of Kegel exercises after childbirth.</p>	
<p><b>Musculoskeletal System:</b></p> <p>History of arthritis or gout. In the joints: pain, stiffness, swelling (location, migratory nature), deformity limitation of motion, noise with joint motion. In the muscles: any pain, cramps, weakness, gait problems or problems with coordinated activities. In the back any pain (location and radiation to extremities), stiffness, limitation of motion, or history of back pain or disc disease.</p>	

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Assessment Parameter	NOTES
<p><b>Health Promotion:</b> How much walking per day. What is the effect of limited range of motion on daily activities, such as on grooming, feeding, toileting, dressing? Any mobility aids used.</p>	
<p><b>Neurologic System:</b> History of seizure disorder, stroke, fainting, blackouts. In motor function: weakness, tic or tremor, paralysis, or coordination problems. In sensory function: numbness and tingling (paresthesia). In cognitive function: memory disorder (recent or distant, disorientation). In mental status: any nervousness, mood change, depression, or any history of mental health dysfunction or hallucinations.</p>	
<p><b>Hematologic System:</b> Bleeding tendency of skin or mucous membranes, excessive bruising, lymph node swelling, exposure to toxic agents or radiation, blood transfusion and reactions.</p>	
<p><b>Endocrine System:</b> History of diabetes or diabetic symptoms (polyuria, polydipsia, polyphagia), history of thyroid disease, intolerance to heat or cold, change in skin pigmentation or texture, excessive sweating, relationship between appetite and weight, abnormal hair distribution, nervousness, tremors, and need for hormone therapy.</p>	
<p><b>Self-Esteem, Self-Concept:</b></p> <p>Education (last grade completed, other significant training)</p>	
<p>Financial status (income adequate for lifestyle and/or health concerns)</p>	
<p>Value-belief system (religious practices and perception of personal strengths)</p>	

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Assessment Parameter	NOTES
<b>Nutrition/Elimination:</b> Record 24-hour diet recall	
Is this menu pattern typical of most days?	
Who buys food?      Who prepares food?	
Finances adequate for food?	
Who is present at mealtimes?	
<b>Interpersonal Relationships/Resources:</b> Describe own role in family	
How are you getting along with family, friends, co-workers, classmates?	
Get support with a problem from:	
How much daily time spent alone?	
Is this pleasurable or isolating?	
<b>Coping and Stress Management</b> (Describe stresses in life now)	
Change in past year?	
Methods used to relieve stress:	
Are these methods helpful?	
<b>Personal Habits:</b> Daily intake caffeine (coffee, tea, colas)	

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Assessment Parameter	NOTES
Smoke cigarettes?      Number packs per day	
Daily use for how many years?      Age started	
Ever tried to quit?      How did it go?	
Drink alcohol?      Date last alcohol use	
Amount of alcohol that episode	
Out of last 30 days, on how many days had alcohol?	
Ever had a drinking problem?	
Any use of street drugs?	
Marijuana?      Cocaine?	
Crack cocaine?      Amphetamines?	
Barbiturates?      LSD?	
Heroin?      Other?	
Ever been in treatment for drugs or alcohol?	
<b>Environment/Hazards:</b>	
Housing and neighborhood (type of structure, live alone, know neighbors)	
Safety of area	
Adequate heat and utilities	
Access to transportation	
Involvement in community services	
Hazards at workplace or home	
Use of seat belts	

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Assessment Parameter	NOTES
Travel to or residence in other countries	
Military service in other countries	
<b>Intimate Partner Violence:</b> How are things at home?  Do you feel safe?	
Ever been emotionally or physically abused by your partner or someone important to you?	
Ever been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your partner or ex-partner?	
Partner ever forces you into having sex?	
Are you afraid of your partner or ex-partner?	
<b>Occupational Health:</b> IF still working or if volunteering--Please describe your job	
Work with any health hazards (e.g., asbestos, inhalants, chemicals, repetitive motion)?	
Any equipment at work designed to reduce your exposure?	
Any work programs designed to monitor your exposure?	
Any health problems that you think are related to your job?	
What do you like or dislike about your job?	
<b>Perception of Own Health:</b>	
How do you define health?	

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<b>Assessment Parameter</b>	<b>NOTES</b>
View of own health now	
What are your concerns?	
What do you expect will happen to your health in future?	
Your health goals:	
Your expectations of nurses, physicians	

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**6. Current medications include OTC herbal/supplements:**

<b>Name/dose</b>	<b>What the patient knows about the medicine.</b>	<b>Comments</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

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Treatment/medication questions	Comments
<p>1. What types of questions do you normally ask the doctor during a visit? Does your doctor encourage you to ask questions?            How well does the doctor listen and understand you?            How well do you understand what the doctor tells you about your illness and medications? What other sources for medical information do you use?</p>	
<p>2. Are you satisfied with the information provided to you by your pharmacist and physician about your <b>medications</b> (both oral and written)? If so, why? and If not, how could you be more satisfied?</p>	
<p>3. Do you have difficulty taking your medications as prescribed to you? What types of difficulty do you have, and/or how could taking your medicine be made simpler? (ex. scheduling by calendar, adherence aids from the pharmacy, etc.)</p>	
<p>4. Where do you store your medications at home? (ex. in medicine cabinet in bathroom, in kitchen cabinet, etc.) Why do you keep them there?</p>	
<p>5. What are your opinions of generic medicines (vs. brand name medicines)?</p>	
<p>6. What are your perceptions of the word “medicine”? Do “drug” and “medicine” imply the same thing ?</p>	

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**7. Special Assessments:** Perform the first **eight** assessments **Plus** the immunization assessment from the website: <https://consultgeri.org/try-this/general-assessment>

**Under General Assessments (CLICK to open the resources):**

Assessment	Summarize RESULTS
1. SPICES	
2. Katz	
3. Mental Status 3 <b>or</b> 3.2	
4. Geriatric Depression Scale	
5. Predicting Pressure Ulcers	
6. The Epworth Sleepiness Scale	
7. Pain	
8. Falls Risk	
9. (#21) Immunization—also see: <a href="http://www.vaccines.gov/who_and_when/seniors/index.html">http://www.vaccines.gov/who_and_when/seniors/index.html</a>	

**You may perform other assessments from the site if you deem indicated.**