

# Sage Eldercare Solutions Health & Wellness Checklist

Elder's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

- The following questions can help you assess and prioritize an older adult's needs.
- Directions: Indicate your observations, concerns, and changes (if any) you have recently noticed.
- For all factors, indicate the urgency by marking the Scale column, where "1" indicated no apparent concern and "10" indicates urgent, immediate action required.
- Note: you may choose to complete this form electronically, which would allow you to send electronically to update family and friends on the latest status.

<b>Health/Medical</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
Health, pain or discomfort complaints?		
Has not been to doctor in past 6 months?		
Existing health diagnoses?		
Any new diagnosis or recent hospitalization?		
Doctor request for changes to his/her habits, lifestyle, or diet?		
Taking medications for which diagnoses or conditions?		
Number of medications taking? Taking medications as prescribed?		
Other:		

<b>Memory</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
Concerns about parent leaving on the stove, oven, or iron?		
Parent repeats him/herself? Asks same question twice in conversation?		
Wandering from home and having difficulty getting back?		
Missing appointments?		
Other:		

<b>Physical appearance</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
Signs of fall or other injury?		
Changes in hygiene?		
Shortness of breath?		
Swollen feet or ankles?		
Other:		

<b>Functional</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
History of falls?		
Difficulty using bathroom, shower or toilet?		
Uses cane, walker or wheel chair?		
Difficulty of speech, hearing or vision?		
Concerns expressed by neighbors, friends?		
In-home risk factors (rugs, etc)?		
Recent traffic accidents or failure to heed traffic signals?		
Worried about him/her driving?		
Other:		

<b>Mood/behavior</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
Loss of interest in previous activities?		
Talks about feeling hopeless?		
Socially isolated?		
Mood swings or getting angry quickly?		
Other:		

<b>Diet</b>	<b>Concerns/Changes Noted</b>	<b>Scale 1-10</b>
Lack of food in the home?		
Eats alone and not motivated to prepare meals?		
Increased or excessive consumption of alcohol or medications?		
Adhering to prescribed diet?		
Noticeable weight gain or loss?		
Other:		

COMMENTS: