

Care of Older Adults (COA) Checklist

Patient Name:		DOB:	
Provider:		Date:	
Medication Review			
<input type="checkbox"/> Medication list in chart		Codes: (1159F or G8427) & 1160F, 90863, 99483, 99495, 99496, 99605, 99606	
Medications reviewed by:			
Functional Status Assessment			
<i>Address one of the following: ADL or IADL</i>		Codes: 1170F, 99483, G0438, G0439	
ADL (address at least 5 of the following)		IADL (address at least 4 of the following)	
Bathing:		Shopping for groceries:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Dressing:		Driving/using public transportation:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Eating:		Using telephone:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Transferring:		Meal preparation:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Toileting:		Housework:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Walking:		Home repair:	
<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help	<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do	<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
Brief Plan:		Laundry:	
		<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
		<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
		Taking medications:	
		<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
		<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
		Handling finances:	
		<input type="checkbox"/> Independent	<input type="checkbox"/> Sometimes Need Help
		<input type="checkbox"/> Always Need Help	<input type="checkbox"/> Cannot Do
		Brief Plan:	
Pain Assessment			
<i>Can be related to a single body part, with the exception of chest, to meet compliance</i>			
<input type="checkbox"/> Comprehensive pain screening preformed. Rate below:		Codes: 1125F, 1126F	
<p>No Pain Worst Pain Imaginable</p> <p style="margin-left: 100px;">0 2 4 6 8 10</p> <p style="margin-left: 100px;">1 3 5 7 9</p> <p style="margin-left: 100px;">Moderate Pain</p>			
Brief pain management plan:			
Assessor Name and Credentials:			
Signature:			Date:

