G-supplement Patient:	Pg of
I.D.	Date:



## TELEMEDICINE SERVICES Brant Haldimand Norfolk TMS INITIAL MENTAL HEALTH ASSESSMENT

## FUNCTIONAL/ ENVIRONMENTAL

(I = Independent D = Dependent)

BADL'S	I/D	(who is doing, why, when changed)		
Transfers	I[ D[			
Eating	I[ D[			
Dressing	I[ D[			
Washing	I[ D[			
Grooming	I[ D[			
Toileting	I[ D[			
		IADL"S		
Medication	I[ D[			
Finances	I[ D[			
Shopping	I[ D[			
Cleaning	I[ D[			
Laundry	I[ D[			
Cooking	I[ D[			
Transportation	I[ D[			
Driving	I[ D[			
Interest/leisure activities: (identify: past, current change/decline, timeline, reason)				
		ENVIRONMENT		
Accessibility e.g	ξ.	[ ] outside		
Stairs, clutter		[ ] inside		
Lighting				
Functional aids	5			
Safety aids				
		Concerns		

G- suppl Patient:	ement	Pg_	OF
I.D.	Date:		



## TELEMEDICINE SERVICES Brant Haldimand Norfolk INITIAL MENTAL HEALTH ASSESSMENT

**TMS** 

SYSTEMS REVIEW  (Note: onset of symptoms, quality, duration, frequency, precipitating factors, relieving, factors, treatment)
GI (consider: diarrhea, constipation, incontinence/urgency, bleeding, nausea
Nutrition/weight loss/swallowing (consider: dyspepsia-liquids/solids, decreased appetite, problems with teeth/dentures, unplanned weight change-amount/time period
Endocrine ( DM, thyroid)
GU (consider: frequency, nocturia, incontinence, bleeding, urgency)
CVS (consider: dizziness, blackouts, weakness, chest pain, palpations, syncope, edema, dyspnea, orthopnea, exertion tolerance)
RESP (consider: cough, sputum, oxygen use)
CNS (consider: headaches, paresthesias, tremors)
SLEEP DISTURBANCE (consider: difficulty falling asleep, multiple awakenings (why), early am awakenings, sleep aids)
SKIN CONDITION (consider: dermatitis, ulcers, lesions, eczema, psoriasis)
VISION (consider: aids (access use), cataracts, glaucoma, MG, last eye exam, concerns)
HEARING (consider: loss, aids (access, use) last hearing test, concerns)
MSK (consider: joint pain, stiffness, swelling)
FALLS (consider: frequency, location, injuries, ability to get up, footwear, aids, transfers, gait/balance, unsteadiness, PD, mobility aid assessment)

G-supp Patient		Pg _	_OF
I.D.	Date:		



## TELEMEDICINE SERVICES Brant Haldimand Norfolk

TMS Initial Mental Health Assessment

PAIN ASSESSMENT					
No Pain ∠ Pain	1	2	3		
✓					
Location					
Onset/duration					
Frequency					
Pain scale (0-10)					
Quality (impact)					
Relieving					
factor					
Exacerbating					
factor					

PHYSICAL EXAMINATION				
Height	Weight			
Temperature	RR		O2 Sat	
BP supine ∠ s	sitting 🗸	HR	Asymptomatic	
BP standing		HR	Symptomatic	
Comments:				
Investigations	Included		Not available	
Labs				
ECG				
CT Head				

COGNITIVE SCREENING	Score	Comments
GDS		
Cornell		
MMSE		
MoCA		
Frontal Assessment Battery		
Frontal Behavioral Inventory		
Functional Activities		
Questionnaire		
Caregiver Assessment		
Other: CMAI 🗸 NPI 🗸		