

GERIATRICS LOG
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	<u>More</u> <u>Than 30</u>	<u>21-30</u>	<u>11-20</u>	<u>5-10</u>	<u>Less</u> <u>Than 5</u>	<u>None</u>
<u>ASSESS: (continued)</u>						
22. Nutritional Status	O	O	O	O	O	O
23. Entereal Feedings	O	O	O	O	O	O
24. Gait & Balance Evaluation	O	O	O	O	O	O
25. Fall Evaluation	O	O	O	O	O	O
26. Cognitive Status	O	O	O	O	O	O
27. Mini-Mental Status Exam	O	O	O	O	O	O
28. Behavioral Status	O	O	O	O	O	O
29. Geriatric Depression Scale	O	O	O	O	O	O

Comments:

Signature of Supervising Physician Date

Print Supervising Physician Name

Signature of D.M.E. Date

Print D.M.E. Name

Please return this form to the Department of Clinical Education, Nova Southeastern University, College of Osteopathic Medicine, 3200 S. University Dr. Ft. Lauderdale, FL 33328. Thank You