BROWNING
GERIATRIC CONSULTING

General Assessment Procedure

1. Initial ***one hour*** meeting with family and/or client to gather preliminary information and to review contract.
2. Request of medical records from all known physicians. RN to review all medical records upon receipt.
3. Geriatric Care Manager (GCM) and RN will contact client/family to schedule a time for residence assessment.
4. GCM and RN to travel to and from residence for onsite assessment and safety review. One visit is included in initial fee. If patient declines assessment once GCM and RN arrive, applicable fees apply. *Mileage is included up to a 25 mile radius of BGC. Additional mileage to be billed at the current IRS reimbursement rate*
5. GCM and RN meet to discuss overall impression of onsite visit and collected information in house.
6. RN completes report to include assessment and nursing recommendations.
7. GCM completes report including:
   A. Medical History
   B. Psychological history and mental status (Completion of the MMSE and Cognitive testing).
   C. Medications
   D. Psychosocial history
   E. Functional status
   F. Environment and recommendations for the home and behaviors
   G. Legal
   H. Financial
   I. Possible referral information to professionals(with contacts)
   J. Recommended long-term care needs to include, but not limited to:
      a) recommended facilities
      b) descriptions of levels of care
      c) questions to ask when looking for a facility
      d) VA benefits
      e) Alzheimer's Association benefits and resources
      f) Referral forms
      g) applications, tips, and/or educational sheets provided as appropriate for each individual
8. Review of Long Term Care Policies (if applicable)
9. Report mailed and/or emailed to addresses provided on the client HIPPA release or other requested location.
10. GCM to schedule ***one half hour*** follow up with family and/or client to review assessment reports.