



Care of Older Adults (COA) Assessment Form

Member information	
First name:	Date of birth:
Last name:	Member/subscriber ID:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Medicare ID:
This assessment is conducted via: <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Telemedicine <input type="checkbox"/> Other	

Activities of daily living (ADL)
Completely independent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with ADLs: <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Mail <input type="checkbox"/> Eating <input type="checkbox"/> Transferring <input type="checkbox"/> Toileting <input type="checkbox"/> Walking
Assistance with instrumental activities of daily living (IADLs): <input type="checkbox"/> Shopping <input type="checkbox"/> Driving or using public transportation <input type="checkbox"/> Using the phone <input type="checkbox"/> Meal preparation <input type="checkbox"/> Housework <input type="checkbox"/> Laundry <input type="checkbox"/> Home repair <input type="checkbox"/> Taking medications <input type="checkbox"/> Handling finances
Has caregiver in place: <input type="checkbox"/> Yes <input type="checkbox"/> No

Functionally independent
Currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives alone: <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to perform a job: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ability to exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No

Advance care planning
Advanced directive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Living will: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surrogate decision letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy or documented in chart: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of advance care planning discussion:

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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Comments:

Pain screening

Pain present: Yes No
If the answer is **Yes**, please indicate general pain level (1 to 10): _____
Pain Level: 1 = Minimum amount of pain; 10= Maximum amount of pain

Pain locations:

Pain management plan:

Signed/completed by: _____

Title: _____ **Date:** _____