Keystone
VIP CHOICE

Care for Older Adults (COA) Form

Please update during patient visits and include in the patient's chart. CPT codes are included with each section.

Patient name:			Date of birth:
Member ID number:	Height:	Weight: lbs.	Calculated BMI:

Advance directives — 1157F, 1158F, 99497, S0257

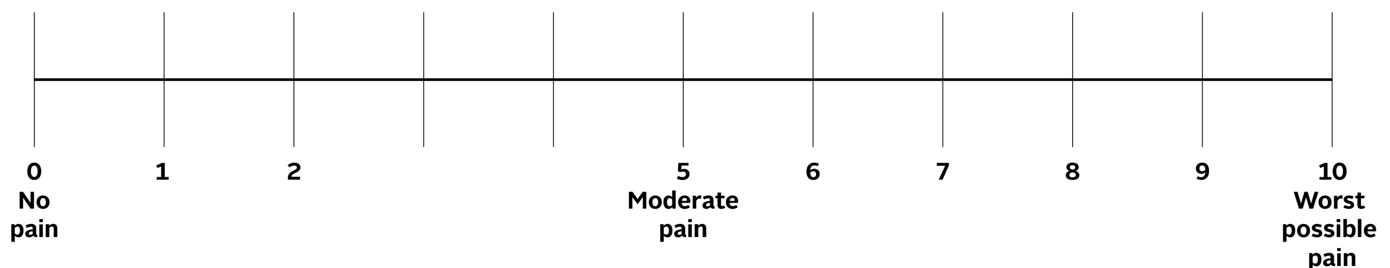
Date reviewed:	Notes:

1. Patient has advanced directives: ☐ Yes ☐ No
2. Patient has living will: ☐ Yes ☐ No
3. Patient has surrogate decision maker: ☐ Yes ☐ No
4. Patient has actionable medical orders: ☐ Yes ☐ No
5. Patient has discussed with caregiver: ☐ Yes ☐ No
6. Patient has copy of advance care plan in chart: ☐ Yes ☐ No

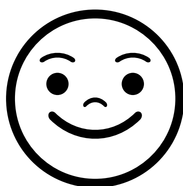
Pain assessment — 0521F, 1125F, 1126F

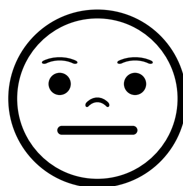
Date	Pain (Yes/No)	Description of pain	Pain severity (0 – 10)	Treatment plan

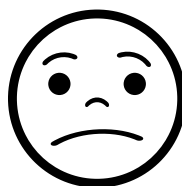
Pain score 0 – 10 numerical rating

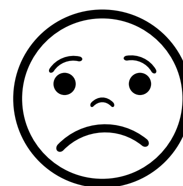


0
No hurt


1
Hurts a little bit


2
Hurts a little more


Hurts even more


Hurts a whole lot

5
Hurts worst

Care for Older Adults (COA) Form

Functional assessment — 1170F

ADL	Cognition	Ambulation	Speech	Vision	Hearing
☐ Independent ☐ Minimal assistance ☐ Needs assistance ☐ Dependent on others	☐ Oriented x3 ☐ Oriented x2 ☐ Oriented x1 ☐ Not oriented	☐ Independent ☐ Non-ambulatory ☐ Uses DME: ☐ Scooter ☐ Walker ☐ Cane ☐ Wheelchair	☐ Unimpaired ☐ Impaired ☐ Language barrier	☐ Good ☐ Fair ☐ Poor ☐ Impaired: ☐ Glasses or contacts ☐ Blind	☐ Good ☐ Fair ☐ Poor ☐ Impaired: ☐ Hearing aid or hearing device ☐ Deaf
Notes:	Notes:	Notes:	Notes:	Notes:	Notes:

Medication review — 1159F, 1160F, G8427

Medication review and list of medications must be submitted on the same date. This may be completed by the prescribing practitioner or a clinical pharmacist.

Medication name and strength	Quantity/days' supply	Prescriber	Notes

Date:	Allergies:
Adherence or other issues:	Over-the-counter (OTC) medications:
Name and credentials of reviewer:	Signature:

Provider name:	Provider signature: