Care for Older Adults Form – Provider Form

Care for Older Adult (COA) Functional Status is a screening tool for adults age 66 years and older. This information is tracked as part of our ongoing Quality Improvement Program and CMS Star Rating Program. We encourage your practice to document completion of this screening by including appropriate codes on your claims.

Patient Name:	Date of Birth:	Member ID:
Member Phone:	Provider Name:	Provider Phone:

Functional Status
Can the patient perform all the activities of daily living (ADL) and instrumental activities of daily living (IADLS) independently listed below?   ☐ Yes   ☐ No

If NO, patient needs help with:

☐Bathing	☐Eating	☐ Using the Phone
☐Dressing	☐Shopping	☐ Driving or transportation
☐Walking	☐Taking Medications	☐ Home Repair
☐Using Toilet	☐Meal Prep/Cooking	☐ Handling Finances
☐Transfers	☐Housework/Laundry	

Additional Information:	

Date Functional Status Review completed:	Signature and credentials of Provider:

Medication Review (You may attach a medication list from chart)

*Date of Medication Review and list *(Date is required)*: _____

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. You can attach a copy of your patient's medication list from their chart.

Medication name and strength	Quantity/days' supply	Prescriber	Notes
Date Medication Review completed:		Signature and credentials of Provider:	