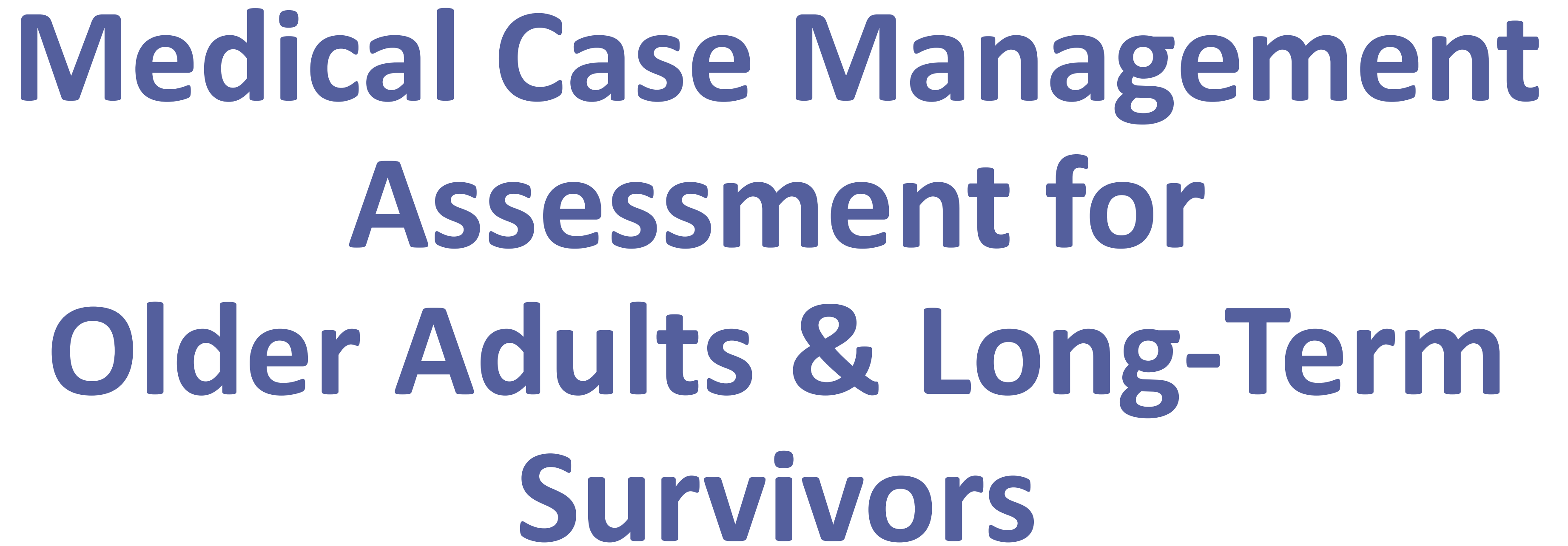


Medical Case Management Assessment for Older Adults & Long-Term Survivors

Claudia McCann, PhD, CCM

Medical Case Manager

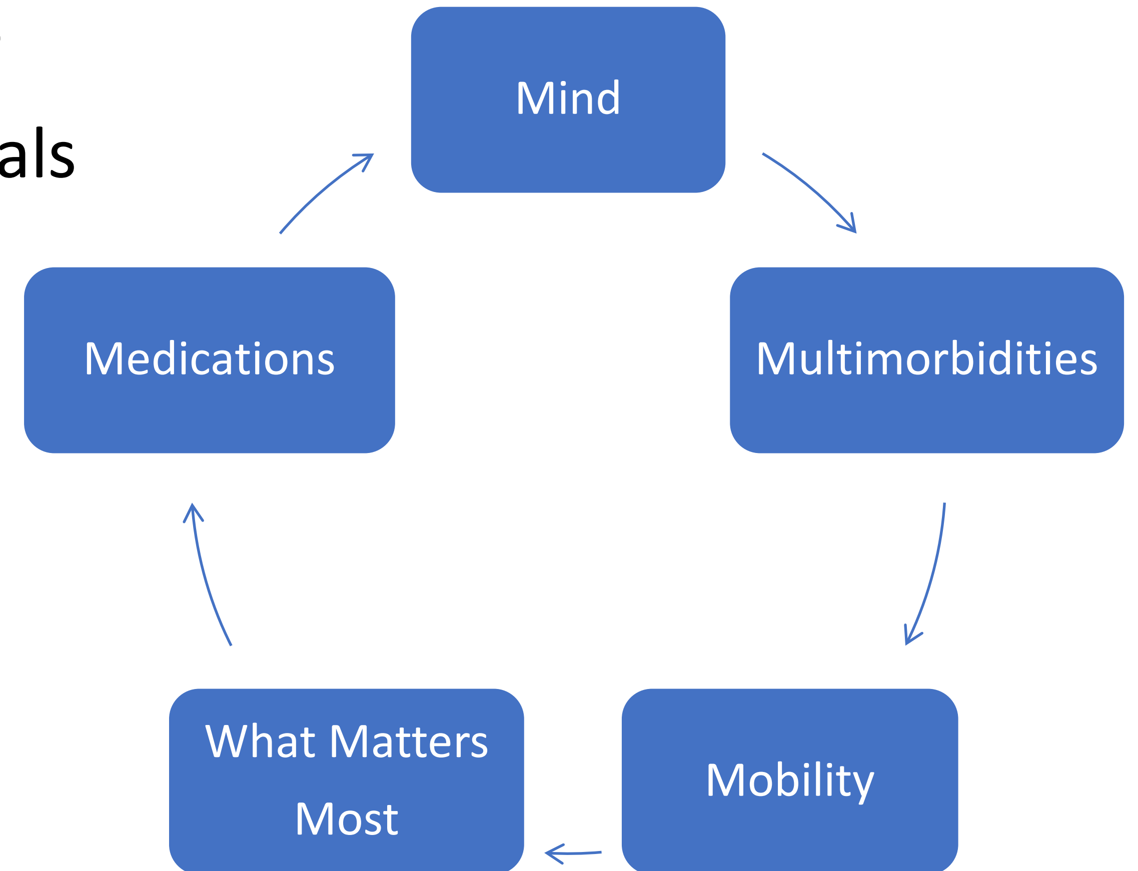
Mary Washington Healthcare Wellness Program

Medical Case Management Assessment

Client Population:

- Individuals age 50 and older
- Perinatally Infected Individuals

Five M's Of Aging



PREVENTION • TESTING • TREATMENT

Mary Washington Healthcare
Wellness Program

Mind

Mind	
Do you have any concerns about your ability to remember things? For example: Difficulty remembering appointments, things you need to do, or following a task to its completion.? Y/N	
Do you have trouble sleeping/or poor appetite (If Yes, How many days/week)? Y/N	
Do you have times when you feel sad, lonely, or depressed (If Yes, How often, How severe)? Y/N	
Has there been a change in your emotional well-being in the last 3 months? Y/N	

Medications

Medications	
Do you have any concerns about the medications you are taking? Y/N	
Do you have any concerns about affording your medications? Y/N	
Can you name your medications and the purpose of them? Have you been prescribed any new medications, recently? Are you able to remember what time to take them each day? (Suggestion of bubble packs if multiple meds) Y/N MCM to review medication list in Epic.	

Multimorbidity

Multimorbidity:	
Do you have any other health conditions? Y/N **Last Mammogram** – No results found for this or any previous visit. **Last cervical/anal pap** – **Last colonoscopy** – **Eye exam** - What specialist do you see?	
Has there been a change in these conditions/or do you have any concerns about any other conditions? Y/N	
Has there been a change in your overall health or physical well-being?	

Mobility

Mobility:	
Do you have difficulty completing daily tasks like cooking/bathing/dressing? Y/N	
Do you have difficulty walking or standing, particularly after you have been sitting? Y/N Do you use any devices to assist you in your mobility at home or in the community?	

What Matters Most

What Matters Most:	
How are you feeling overall?	
Do you have anyone you talk to when you need emotional support, or just want to talk? Y/N	
What is most important to you? Do you have enough food? (Nutritional health risk assessment?) Do you feel safe at home? (Abuse) Living will?	

Referral Needed Y/N?:

Thank You!

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