O'DONNELL
vein & laser | medical aesthetics

For Patients Aged 65 Years and Older

Name: _____ **Date:** _____

1) Have you relied on people for any of the following? bathing, dressing, shopping, banking, or meals?	YES ☐	NO ☐	N/A ☐
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	YES ☐	NO ☐	N/A ☐
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES ☐	NO ☐	N/A ☐
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES ☐	NO ☐	N/A ☐
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES ☐	NO ☐	N/A ☐
6) For Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? _____	YES ☐	NO ☐	N/A ☐
7) Do you have an Advance Care Plan or surrogate decision maker? Name:_____	Yes ☐	No ☐	
8) For Female Patients Only: Have you experienced urinary incontinence within the past twelve months?	Yes ☐	No ☐	