Sample Heart Valve referral
Functional assessment worksheet

NOT PART OF PERMANENT MEDICAL RECORD

Indication for physician referral : TAVR or Mitral Clip
Date:

Height: Weight: BMI:

Clinical Frality: ___/ 9 as per CSHA Frality Scale (> 6 mod frail, 9 terminal)

Instrumental Activities of Daily Living (IADL)
/8 Lawton Brody Scale

Ability to use telephone: Y_____ N _____
Ability to shop: Y_____ N _____
Ability to prep food: Y:_____ N _____
Able to do housekeeping: Y _____ N _____
Able to do laundry: Y_____ N _____
Able to use transportation: Y_____ N _____
Able to handle finances: Y _____ N _____
Able to handle medications : Y _____ N _____
Total Score:_____

Activities of Daily Living /6 per Katz Index
Independent:

Bathing:	☐ yes	☐ no
Dressing:	☐ yes	☐ no
Toileting :	☐ yes	☐ no
Transferring:	☐ yes	☐ no
Continence:	☐ yes	☐ no
Feeding:	☐ yes	☐ no

Total Score: _____
(<- 2 severe, 6 full functional)

Home Environment

Independent: ☐ Apt ☐ house
☐ stairs ☐ lives alone
☐ lives spouse
☐ lives relative

Facility: ☐ Assisted Living ☐ Residential care

Six minute walk: (mitral Clip only)
☐ Total distance walked: _____ft

Home Supports
- ☐ No caregiver/home supports required
- ☐ Part time caregiver/home supports (either home or care facility)
- ☐ Full time caregiver/home supports (either home or care facility)
- ☐ Patient is a caregiver to family member

Mobility Aids/Falls:
- ☐ None
- ☐ Cane or walker
- ☐ Wheelchair
- ☐ Fall within 6 months

5 meter Gait speed Test
Trial 1:_____ Trial 2 :_____ Trial 3:_____

(m) <-68.1 in >- 7 sec
>- 68.1 in >- 6 sec

(f) <- 62.6 in >- 7 sec
>- 62.6 in >- 6 sec

Grip Score: (dominant hand)
Trial 1: ____, Trial 2_____, Trial 3_____kg
(m) ≤29 kg for BMI ≤24
≤30 kg for BMI 24.1–26
≤30 kg for BMI 26.1–28
≤32 kg for BMI >28
(f) ≤17 kg for BMI ≤23
≤17.3 kg for BMI 23.1–26
≤18 kg for BMI 26.1–29
≤21 kg for BMI >29

Cognition- MMSE (< 23 cog impairment)
/ 30

Cognition- clock test
- ☐ Complete: Shape, numbers, hands, time
- ☐ Unable to complete: any of the above missing