

# Geriatric Interdisciplinary Review Team (GIRT) Round Summary

Review date: \_\_\_\_\_ Admission date: \_\_\_\_\_

Neuropsychiatric diagnosis: \_\_\_\_\_

Current psychoactive medications: \_\_\_\_\_

## Discussion summary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Recommendation

Actions	Responsibility
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

## Attendance

Name	Signature	Name	Signature

## Office use only:

- MAR  
  Fax GP  
  Contact family  
  Behavior monitoring  
  Other monitoring: \_\_\_\_\_  
  Care plan
- Lab req  
  Social work referral  
  Dietician referral  
  Delirium screening
- First check \_\_\_\_\_ Date: \_\_\_\_\_  
  Second check \_\_\_\_\_ Date: \_\_\_\_\_