

# COMPREHENSIVE MEDICAL ASSESSMENT

MBS ITEM 712

TIP: use TAB to quickly move down the form and then type or use x to cross relevant boxes.

<b>PATIENT DETAILS</b>	
Resident's Surname: <<Patient Demographics:Surname>>	
First Name: <<Patient Demographics:First Name>>	
Date of Birth: <<Patient Demographics:DOB>>	
<b>Next of Kin</b>	
Name:	typename
Phone:	typephone
<b>Power of Attorney?</b>	Yes/No
<b>Advanced Care Directive (or similar?)</b>	Yes/No
<b>Category of Resident:</b>	
New Resident	<input type="checkbox"/>
Existing Resident	<input type="checkbox"/>
<b>If existing please indicate reason for CMA</b>	
Discharge from an acute care facility in the previous 4 weeks;	<input type="checkbox"/>
Significant changes to medication regimen in the last 3 months;	<input type="checkbox"/>
Change in medical condition or abilities;	<input type="checkbox"/>
Falls in the last three months;	<input type="checkbox"/>
Change in cognitive abilities and function;	<input type="checkbox"/>
Change in physical function including Activities of Daily Living.	<input type="checkbox"/>
Other...	<input type="checkbox"/>
<b>Has the resident had a previous CMA?</b>	
Date of last CMA	Yes/No Date
<b>Resident consent for a CMA obtained?</b>	
Date consent given:	Yes/No Date
<b>DOCTOR DETAILS</b>	
Dr <<Doctor:Name>>	
Phone: <<Doctor:Phone>>	
Date/s of service: <<Miscellaneous:Date>>	
<b>Is this the resident's usual doctor?</b>	
Yes/No	
<b>If doctor providing CMA is not the resident's usual doctor the service was provided:</b>	
Under GP panel arrangements;	<input type="checkbox"/>
By a locum; or	<input type="checkbox"/>
Under other arrangements (please specify)	<input type="checkbox"/>
<b>Has the resident's usual doctor endorsed this arrangement?</b>	
Yes/No/Not applicable	
<b>RELEVANT MEDICAL HISTORY</b>	
1. Relevant input from other health professionals (including RACF staff and pathology)	
2. Factors leading to admission	
3. Falls in past 3 months	

4. Social history

<<Clinical Details:Social History>>

<<Patient Demographics:Marital Status>>

<<Patient Demographics:Occupation>>

**RELEVANT PATHOLOGY**

<<Summary:Investigation Results (Selected)>>

**IMMUNISATION STATUS**

<<Clinical Details:Immunisation List>>

**CURRENT MEDICATIONS**

<<Clinical Details:Medication List>>

**ALLERGIES**

<<Clinical Details:Allergies>>

**ISSUES FOR CONSIDERATION IN MEDICATION MANAGEMENT REVIEW**

- 1. Currently taking 5 or more medications
- 2. Taking more than 12 doses of medications per day
- 3. Significant changes made to medication treatment regime in the last 3 months
- 4. Medication with a narrow therapeutic index or medication requiring therapeutic monitoring
- 5. Symptoms suggestive of an adverse drug reaction
- 6. Sub-optimal response to treatment with medicines
- 7. Suspected non-compliance or inability to manage medication related therapeutic devices
- 8 Patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties
- 9. Patients attending a number of different doctors, both general practitioners and specialists
- 10. Recent discharge from a facility/hospital (in the last 4 weeks)
- 11. Other

**COMPREHENSIVE MEDICAL EXAMINATION**

- 1. Cardiovascular
- 2. Respiratory
- 3. Physical cause of acute pain
- 4. Physical cause of chronic pain
- 5. Physical function including ADLs
- 6. Psychological function cognition /mood /sleep
- 7. Oral health
- 8. Nutrition status
- 9. Dietary needs
- 10. Skin integrity
- 11. Mobility
- 12. Height
- 13. Weight
- 14. Blood Pressure

15. Pulse, rate and rhythm

16. Hearing

17. Vision

18. Continence

19. Other matters relevant  
to the resident

**DIAGNOSES/PROBLEMS**

Principal diagnoses      Typehere

Other significant health      Typehere  
problems

**IMMEDIATE ACTIONS** (Including pathology)

**RECOMMENDATIONS**

**GP SIGNATURE**

NB: Copies of this CMA should be offered to the patient, given to Residential Aged Care Facility, and kept in the patient's medical records.