

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.

PATIENT DETAILS	
Resident's Surname:	
First Name:	
Date of Birth:	
Next of Kin	
Name:	
Phone:	
Power of Attorney?	Yes/No
Advanced Care Directive (or similar?)	Yes/No
Category of Resident:	
New Resident	<input type="checkbox"/>
Existing Resident	<input type="checkbox"/>
If existing please indicate reason for CMA	
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"/>
Has the resident had a previous CMA?	
Date of last CMA	Yes/No Date
Resident consent for a CMA obtained?	
Date consent given:	Yes/No Date
DOCTOR DETAILS	
Dr	
Phone:	
Date/s of service:	
Is this the resident's usual doctor?	
	Yes/No
If doctor providing CMA is not the resident's usual doctor the service was provided:	
Under GP panel arrangements;	<input type="checkbox"/>
By a locum; or	<input type="checkbox"/>
Under other arrangements (please specify)	<input type="checkbox"/>
Has the resident's usual doctor endorsed this arrangement?	
	Yes/No/Not applicable
RELEVANT MEDICAL HISTORY	
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

RELEVANT PATHOLOGY

IMMUNISATION STATUS

CURRENT MEDICATIONS

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

Other significant health 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.