







# CANNING DIVISION OF GENERAL PRACTICE COMPREHENSIVE MEDICAL ASSESSMENT



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**Toileting and continence:**

Urinary:

Management:

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Faecal:

Management:

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**Oral health:**

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**Communication** (including hearing, vision and speech):

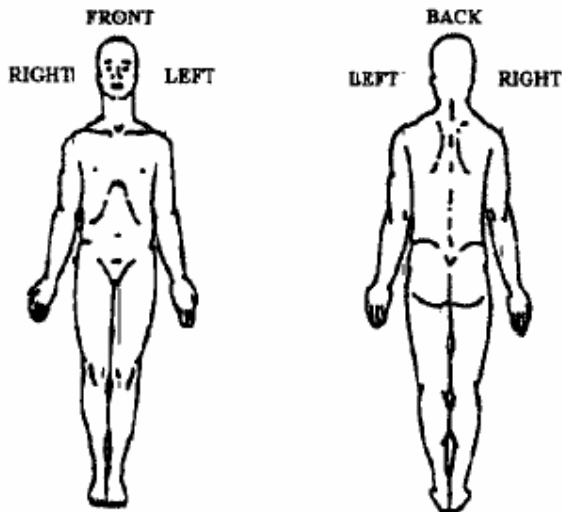
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**Skin Integrity:**

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Identified problems:

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**Psychological Function**

**Mood** Normal

Depressed

Other

**Cognition** Normal

Impaired

Test or screening tool used (eg MMSE)

Date attended:

Result:

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Identified problems:

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**GP COMMENTS:**

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# CANNING DIVISION OF GENERAL PRACTICE COMPREHENSIVE MEDICAL ASSESSMENT



## OTHER MEDICAL EXAMINATION AS RELEVANT TO RESIDENT

*eg*

Fitness to drive	<input type="checkbox"/> N/A
Smoking	<input type="checkbox"/> N/A
Foot care	
Alcohol use	<input type="checkbox"/> N/A
Sleep	
<i>Other:</i>	

## Identified problems:

<b>Advance care directive (or similar?)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Enduring Medical Power of Attorney:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date: _____	Details: _____
Has the resident had a previous CMA? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes: <b>Date of last CMA:</b> /   /	<b>Resident consent</b> Consent for a CMA obtained? <input type="checkbox"/> Yes Consent given by   Resident <input type="checkbox"/> Representative <input type="checkbox"/> <b>Date consent was given:</b> /   /
<b>CMA Service Details</b> Provided by Dr _____     Phone: _____ Is this the resident's usual doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date/s of service:</b> _____	If doctor providing CMA is not the resident's usual doctor, has a report of the CMA been provided to the resident's usual doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Assessor's Name:</b>		<b>Designation</b>	
<b>Assessor's Signature:</b>		<b>Date</b>	

## GP COMMENTS:

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## DIAGNOSES/PROBLEMS

*Principal diagnoses*

*Disabilities / Impairments*


## RECOMMENDATIONS (further assessments/Referrals, etc)

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## PLAN

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<b>GP's Signature:</b>		<b>Date</b>	
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