

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: <<Patient Demographics:Surname>>	
First Name: <<Patient Demographics:First Name>>	
Date of Birth: <<Patient Demographics:DOB>>	
Next of Kin	
Name:	typename
Phone:	typephone
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 <<Doctor:Name>>	
Phone: <<Doctor:Phone>>	
Date/s of service: <<Miscellaneous:Date>>	
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

<<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.