



COMPREHENSIVE MEDICAL ASSESSMENT

MBS ITEM 712

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

Existing Resident

If existing please indicate reason for CMA

Discharge from an acute care facility in the previous 4 weeks;

Significant changes to medication regimen in the last 3 months;

Change in medical condition or abilities;

Falls in the last three months;

Change in cognitive abilities and function;

Change in physical function including Activities of Daily Living.

Other...

Has the resident had a previous CMA? Yes/No

Date of last CMA Date

Resident consent for a CMA obtained? Yes/No

Date consent given: 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;

By a locum; or

Under other arrangements (please specify)

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 relevant matters



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.