

DRAFT
COMPREHENSIVE MEDICAL ASSESSMENT MBS ITEM 712
SAMPLE FORM

Resident's Surname: _____	Other names: _____
<p>Category of Resident:</p> <p><input type="checkbox"/> New Resident</p> <p><input type="checkbox"/> Existing Resident</p> <p>If existing resident, has the resident's GP determined the need for CMA</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Next of Kin</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Power of Attorney</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Advanced care directive (or similar?)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>Previous CMA</p> <p>Has the resident had a previous CMA?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, if yes:</p> <p>Date of last CMA: / /</p>	<p>Resident consent</p> <p>Resident consent for a CMA obtained? <input type="checkbox"/> Yes</p> <p>Date consent was given: / /</p>
<p>Service Details</p> <p>Provided by Dr _____</p> <p>Is this the resident's usual doctor?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date/s of service:</p>	<p>If doctor providing CMA is not the resident's usual doctor:</p> <p>Service provided:</p> <p><input type="checkbox"/> under GP panel arrangements;</p> <p><input type="checkbox"/> by a locum; or</p> <p><input type="checkbox"/> Other arrangements (please specify)</p> <p>Has the resident's usual doctor endorsed this arrangement?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

DRAFT
COMPREHENSIVE MEDICAL ASSESSMENT MBS ITEM 712
SAMPLE FORM

RELEVANT MEDICAL HISTORY

CURRENT MEDICATIONS (including prescription and non-prescription medication)

Issues for consideration in medication management review

COMPREHENSIVE MEDICAL EXAMINATION

Cardiovascular system

Respiratory system

Physical cause of acute pain

Physical cause of chronic pain

Physical function, including Activities of Daily Living

Psychological function, including cognition and mood

Oral health

Nutrition status

Dietary needs

Skin integrity

OTHER MATTERS RELEVANT TO THE RESIDENT



