COMPREHENSIVE MEDICAL ASSESSMENT

<table>
<thead>
<tr>
<th>Item 701</th>
<th>&lt; 30 mins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 703</td>
<td>between 30 mins - 45 mins</td>
</tr>
<tr>
<td>Item 705</td>
<td>between 45 mins - 60 mins</td>
</tr>
<tr>
<td>Item 707</td>
<td>&gt; 60 mins</td>
</tr>
</tbody>
</table>

Date/s of service:

PATIENT DETAILS

Phone:
Date of Birth:
Medicare No.:

Next of Kin details:

DOCTOR DETAILS

Power of Attorney: Yes – see attached / No

Advanced Care Directive (or similar)? Yes - see attached / 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:

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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________
Relevant input from other health professionals (including RACF staff and pathology)

Factors leading to admission

Falls in past 3 months

Social History

Relevant Pathology

Immunisation Status

Current Medications

Allergies

Issues for Consideration in Medication Management Review
Currently taking 5 or more medications
Taking more than 12 doses of medications per day
Significant changes made to medication treatment regime in the last 3 months
Medication with a narrow therapeutic index or medication requiring therapeutic monitoring
Symptoms suggestive of an adverse drug reaction
Sub-optimal response to treatment with medicines
Suspected non-compliance or inability to manage medication related therapeutic devices
Patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties

Patients attending a number of different doctors, both general practitioners and specialists

Recent discharge from a facility/hospital (in the last 4 weeks)

Other

**Comprehensive Medical Examination**

Physical function including
ADLs

Psychological function
cognition/mood/sleep

Alcohol

Mobility

Height

Weight

Blood Pressure

Pulse, rate and rhythm

Oral health

Nutrition status

Dietary needs

Calcium and Vitamin D intake

Skin integrity

Hearing

Vision

Continence

Smoking

Cardiovascular

Respiratory

Physical cause of chronic pain

Physical cause of acute pain

Other matters relevant to the resident

**DIAGNOSES/PROBLEMS**

Principal diagnoses

Other significant health problems
IMMEDIATE ACTIONS

RECOMMENDATIONS

RMMR - Item 903

Contribution to Care Plan - Item 731

Case Conference - Item 735, 739, 743, 747, 750, 758

Family Meeting

Other

Please Specify____________________

GP SIGNATURE: _________________________________

DATE: _________________________________

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.