



Comprehensive Medical Assessment (CMA) Check List

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| Determine the need for a CMA (for an existing resident) | <input type="checkbox"/> |
| Explain CMA to resident/representative and obtain consent (verbal/written) | <input type="checkbox"/> |
| Find out if the resident has given anyone power to make decisions about medical treatment on his/her behalf | <input type="checkbox"/> |
| Obtain information from previous assessments (eg previous GP/ specialists etc) and aged care home, relevant to CMA | <input type="checkbox"/> |
| DETAILED RELEVANT MEDICAL HISTORY | <input type="checkbox"/> |
| This may include review of: | |
| ■ results of relevant previous assessments by previous GPs and /or specialists, community based assessments | <input type="checkbox"/> |
| ■ results of relevant previous investigations and allied health interventions | <input type="checkbox"/> |
| ■ assessment and intervention by nursing staff of the RACF | <input type="checkbox"/> |
| ■ details of allergies and any drug intolerance | <input type="checkbox"/> |
| ■ resident's medication (prescription and non-prescription drugs) to inform a medication management review | <input type="checkbox"/> |
| ■ acute and chronic pain | <input type="checkbox"/> |
| ■ falls in the last three months | <input type="checkbox"/> |
| ■ immunisation status for influenza, tetanus, and pneumococcus | <input type="checkbox"/> |
| ■ continence | <input type="checkbox"/> |
| ■ factors leading to admission into the RACF | <input type="checkbox"/> |
| COMPREHENSIVE MEDICAL EXAMINATION OF THE RESIDENT | <input type="checkbox"/> |
| This may include, as appropriate to the resident: | |
| ■ Cardiovascular and respiratory systems and other systems | <input type="checkbox"/> |
| ■ Physical causes of acute and chronic pain | <input type="checkbox"/> |
| ■ Assessment of: | |
| – Physical function including activities of daily living | <input type="checkbox"/> |
| – Psychological function, including cognition and mood | <input type="checkbox"/> |
| – Oral health | <input type="checkbox"/> |

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| – Nutrition status | <input type="checkbox"/> |
| – Dietary needs | <input type="checkbox"/> |
| – Skin integrity | <input type="checkbox"/> |
| Additional matters where and as relevant to the resident: | <input type="checkbox"/> |
| ■ Fitness to drive | <input type="checkbox"/> |
| ■ Hearing | <input type="checkbox"/> |
| ■ Vision | <input type="checkbox"/> |
| ■ Smoking | <input type="checkbox"/> |
| ■ Foot care | <input type="checkbox"/> |
| ■ Sleep | <input type="checkbox"/> |
| ■ Cardiovascular risk factors | <input type="checkbox"/> |
| ■ Alcohol use | <input type="checkbox"/> |
| DEVELOP A LIST OF DIAGNOSES AND/OR PROBLEMS | <input type="checkbox"/> |
| PREPARE A WRITTEN SUMMARY OF THE OUTCOMES OF THE CMA | <input type="checkbox"/> |
| The summary may include: | |
| ■ A list of principal diagnoses/problems indentified in the CMA; | |
| ■ Immediate action required | |
| ■ Allergies and drug intolerance | |
| ■ Current medication; | |
| ■ Issues to be addressed in medication management review | |
| ■ Other services/treatment required | |
| PROVIDE A COPY OF THE SUMMARY TO AGED CARE HOME | <input type="checkbox"/> |
| OFFER RESIDENT A COPY OF THE SUMMARY | <input type="checkbox"/> |
| Copy of the summary filed in resident's medical record | <input type="checkbox"/> |
| Resident billed for the service as per normal billing arrangements for any other Medicare service | <input type="checkbox"/> |

- GPs undertaking a comprehensive medical assessment should refer to relevant MBS explanatory notes before using this checklist.
- Use of this checklist is not mandatory.