



Comprehensive Medical Assessment (CMA) for Residents of Aged Care Facilities

Use of a specific form to record the results of the health assessment is not mandatory but the health assessment should cover the matters listed in the Explanatory Notes at www.health.gov.au/mbsonline

Resident Details

Resident's Name _____

Male Female

DOB __ / __ / ____ or Age ____

Current contact details

Residential Aged Care Facility (RACF) _____

Consultation with carer? Yes No

Phone _____

Carer's name/s _____

Pension No _____

Address _____

Phone _____

Next of kin/guardian

Name _____

Power of attorney

Phone _____

Advance Care Directive (or similar)? Yes No

Enduring Medical Power of Attorney (or similar)?

Yes No

New or existing resident

Is the resident a new or existing resident?

New Existing

If existing resident, reason for CMA _____

Previous CMA

Has the resident had a previous CMA?

Yes No

If yes, when __ / __ / ____

Service provided by Dr _____

Resident Consent

Explanation of CMA given? Yes

Consent for CMA given? Yes

Consent given by? Resident Carer

Date consent was given: __ / __ / ____

Consent given for information to be collected by:

Nurse Yes No

Other health professional Yes No

If yes, please specify _____



DETAILED MEDICAL HISTORY

RESULTS OF RELEVANT PREVIOUS ASSESSMENTS

(eg. GP's, specialists and/or community based assessments)

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RESULTS OF RELEVANT PREVIOUS INVESTIGATIONS AND ALLIED HEALTH INTERVENTIONS

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RESULTS OF ASSESSMENT AND INTERVENTION BY NURSING STAFF OF THE RACF

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DETAILS OF ALLERGIES AND ANY DRUG INTOLERANCE

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RESIDENT'S CURRENT MEDICATION (including prescribed and non-prescribed medication - drug / Weber sheet can be attached)

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ACUTE AND CHRONIC PAIN

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FALLS IN THE LAST THREE MONTHS

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IMMUNISATION STATUS

Influenza Current Yes No
 Tetanus Current Yes No
 Pneumococcus Current Yes No

CONTINENCE

Urinary Current Yes No
 Urine Test (as indicated) Current Yes No
 Faecal Current Yes No

Identified Issues

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FACTORS LEADING TO ADMISSION INTO THE RACF

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COMPREHENSIVE MEDICAL EXAMINATION

Cardiovascular system Normal Abnormal

Identified Issues

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Respiratory system Normal Abnormal

Identified Issues

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Pain Acute Normal Abnormal Chronic Yes No

If yes, cause of pain

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Physical function (including activities of daily living, e.g. walking, eating, dressing, personal care - bathing)

Identified issues

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Psychological function

Mood Normal Depressed Other

Cognition Normal Depressed Other

Identified Issues

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Oral health Teeth Dentures Gums

Identified Issues

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Nutritional status Weight Height BMI

Identified Issues

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Dietary needs

Identified Issues

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Skin Integrity Normal Abnormal (sores/lesions) Other

Identified Issues

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