



Comprehensive Medical Assessment (CMA) Check List

Determine the need for a CMA (for an existing resident)	<input type="checkbox"/>	Mandatory
Explain CMA to resident/representative and obtain consent (verbal/written)	<input type="checkbox"/>	Mandatory
Find out if the resident has given anyone power to make decisions about medical treatment on his/her behalf	<input type="checkbox"/>	Recommended
Obtain information from previous assessments (eg previous GP/ specialists etc) and aged care home, relevant to CMA	<input type="checkbox"/>	Recommended
DETAILED RELEVANT MEDICAL HISTORY	<input type="checkbox"/>	MANDATORY
This may include review of:		
<ul style="list-style-type: none"> ■ results of relevant previous assessments by previous GPs and /or specialists, community based assessments eg EPC health assessments 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ results of relevant previous investigations and allied health interventions 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ assessment and intervention by nursing staff of the RACF 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ details of allergies and any drug intolerance 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ resident's medication (prescription and non-prescription drugs) to inform a medication management review 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ acute and chronic pain 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ falls in the last three months 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ immunisation status for influenza, tetanus, and pneumococcus 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ continence 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ factors leading to admission into the RACF 	<input type="checkbox"/>	
COMPREHENSIVE MEDICAL EXAMINATION OF THE RESIDENT	<input type="checkbox"/>	MANDATORY
This may include, as appropriate to the resident:		
<ul style="list-style-type: none"> ■ Cardiovascular and respiratory systems and other systems 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ Physical causes of acute and chronic pain 	<input type="checkbox"/>	
<ul style="list-style-type: none"> ■ Assessment of: <ul style="list-style-type: none"> – Physical function including activities of daily living – Psychological function, including cognition and mood – Oral health 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<ul style="list-style-type: none"> - Nutrition status - Dietary needs - Skin integrity 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>Additional matters where and as relevant to the resident:</p> <ul style="list-style-type: none"> ■ Fitness to drive ■ Hearing ■ Vision ■ Smoking ■ Foot care ■ Sleep ■ Cardiovascular risk factors ■ Alcohol use 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>As relevant</p>
DEVELOP A LIST OF DIAGNOSES AND/OR PROBLEMS	<input type="checkbox"/>	MANDATORY
PREPARE A WRITTEN SUMMARY OF THE OUTCOMES OF THE CMA	<input type="checkbox"/>	MANDATORY
<p>The summary may include:</p> <ul style="list-style-type: none"> ■ A list of principal diagnoses/problems identified 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"/>	MANDATORY
OFFER RESIDENT A COPY OF THE SUMMARY	<input type="checkbox"/>	MANDATORY
Copy of the summary filed in resident's medical record	<input type="checkbox"/>	Mandatory
Resident billed for the service as per normal billing arrangements for any other Medicare service	<input type="checkbox"/>	Mandatory

- GPs undertaking a comprehensive medical assessment should refer to Medicare item 712 and the relevant MBS explanatory notes before using this checklist.
- Use of this checklist is not mandatory.