

Comprehensive Medical Assessment (CMA) For Residents of Residential Aged Care Facilities (RACF)

Resident Details:

Resident's Name:	
Date of Birth:	
Age:	
Pension Number:	
Medicare Number:	

Residential Aged Care Facility (RACF):

Name:		
Address:		
Phone Number:		
Consultation Undertaken with Resident and:	NoK:	
	Carer:	
New or Existing Resident:	New:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Existing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Existing, Reason for CMA:		
Has the Resident Had a Previous CMA?		
If Yes, When (Date)?		

Resident Consent:

Consent for CMA Given and Date:				
Consent Given for Information to be Collected by a Nurse:				
Consent Given for Information to be Collected by Another Health Practitioner:				
Consent Given By:				
Power of Attorney Y/N:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Advance Care Directive Y/N:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enduring Medical Power of Attorney Y/N:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Details of Allergies and any Drug Intolerance:				
Resident's Current Medication (Including Prescribed and Non- prescribed Medication – Drug Chart Can be Attached):				

Immunisation Status:

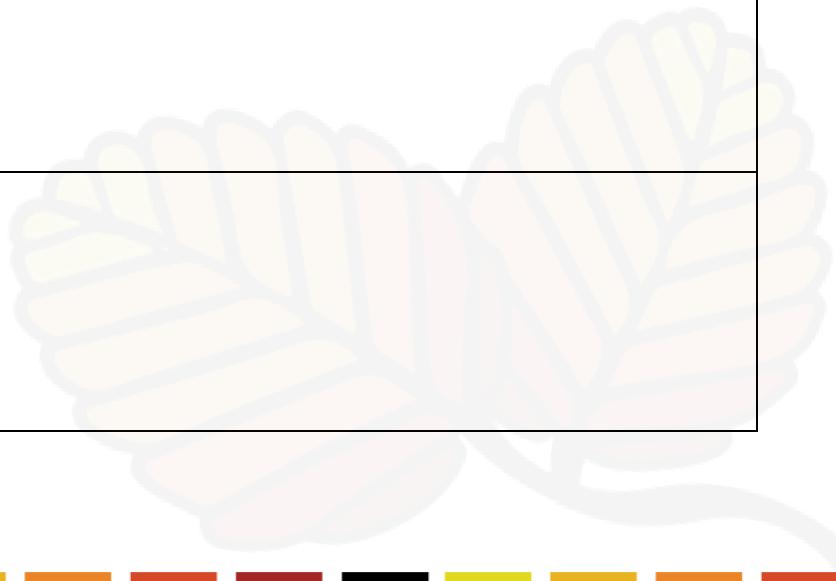
Influenza	
Covid	
Tetanus	
Pneumococcus	
Shingles	

Factors Leading to Admission into the RACF:

Falls in the Last Three Months:

Identified Issues:

Cardiovascular System	
Respiratory System	
Pain Pain – Acute Pain – Chronic If Yes, Cause of Pain	



Physical function (Including Assistance Required with Activities of Daily Living eg, Walking, Eating, Dressing, Personal Care, and Bathing) – Identified Issues			
Walking Aids			
Sleep			
Oral Health Teeth Dentures	<input type="checkbox"/> Own Teeth	<input type="checkbox"/> Dentures	<input type="checkbox"/> Other
Nutrition Status Weight Height BMI	Weight <input type="text"/>	Height <input type="text"/>	BMI <input type="text"/>
Skin Integrity Foot Care			
Hearing Vision			
Smoking Alcohol			

Observations:

Temperature			
Heart Rate.	Actual Rate:	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular
Blood Pressure			
Respiratory Rate			
Oxygen Saturation			
Height			
Weight			
Weight Last Year			
Weight at Admission			

ACD Status:

Level 1 - Active Treatment for Most Conditions	
Level 2 - Quality of Life, Investigation/Treatment Only If Required to Manage Symptoms or Establish Prognosis	
Level 3 - Palliative Path, Quality and Comfort	
Level 4 - Terminal Phase	
Other Services Required	
Medication Management Review Required Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service Provided by West Kentish General Practice.

Signature. Date

A copy of the Comprehensive Medical Assessment must be provided to the Residential Aged Care Facility and offered to the resident.

