

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:

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Falls in the Last Three
Months:

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Identified Issues:

Cardiovascular
System

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Respiratory System

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Pain

Pain – Acute
Pain – Chronic
If Yes, Cause of Pain

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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.

