



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:		
■ results of relevant previous assessments by previous GPs and /or specialists, community based assessments eg EPC health 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"/>	MANDATORY
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"/>	

– 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"/>	As relevant
■ 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"/>	MANDATORY
PREPARE A WRITTEN SUMMARY OF THE OUTCOMES OF THE CMA	<input type="checkbox"/>	MANDATORY
The summary may include: <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.