



Australian Government
Department of Health

Medicare Benefits Schedule (MBS)
Comprehensive medical assessment (CMA) for residents of residential aged care facilities (RACF)
Proforma

*The use of this Proforma is **not** mandatory. GPs undertaking the Comprehensive Medical Assessment for residents of residential aged care facilities should refer to the relevant MBS Explanatory Notes for health assessment items 701, 703, 705 and 707 before using this Proforma.*

Resident details

Resident's name	
Male/Female	
Date of Birth	
Age	

Current contact details

Residential Aged Care Facility (RACF) - name, address and phone number	
Pension number	
Next of kin/guardian – name and phone number	

Carers contact details

Name/s	
Address	
Phone number	
Consultation undertaken with carer?	Yes/No

Power of attorney (recommended)

Advance Care Directive (or similar)	Yes/No
Enduring Medical Power of Attorney	Yes/No

New or existing resident (mandatory)

New	Yes/No
Existing	Yes/No
If existing, reason for CMA	

Previous (recommended)

Has the resident had a previous CMA?	Yes/No
If yes, when (date)?	
Service provided by (Dr's details)	

Resident consent (mandatory)

Explanation of CMA given?	Yes/No
Consent for CMA given?	Yes/No
Consent given for information to be collected by a nurse	Yes/No
Consent given for information to be collected by another health practitioner	Yes/No
Consent given by?	Resident/Carer
Date consent was given	

Detailed medical history (mandatory)

Results of relevant previous assessments (eg, GPs, 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 chart 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	Normal/Abnormal
Urine test	Normal/Abnormal
Faecal	Normal/Abnormal
Any identified issues?	

Factors leading to the admission into the RACF	
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Immediate action required

Cardiovascular system	
Respiratory system	
Pain	
Physical function	
Psychological function	
Oral health	
Nutrition status	
Skin integrity	
Continence	

Other services required

Chronic Disease Management Care Plan required	Yes/No
Multidisciplinary Case Conference required	Yes/No
Medication Management Review required	Yes/No
Other services required	

Next appointment with doctor

Date of appointment	
GPs name	
GPs signature & date	

Comprehensive Medical Examination (mandatory)

Cardiovascular system	Normal/Abnormal
Identified issues	

Respiratory system	Normal/Abnormal
Identified issues	

Pain – acute	Yes/No
Pain – chronic	Yes/No
If yes, cause of pain	

Physical function (including activities of daily living eg, walking, eating, dressing, personal care, bathing) – identified issues	
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Psychological function

Mood	Normal/depressed/other
Cognition	Normal/impaired/test for screening tool used
Identified issues	

Oral health

Teeth	
Dentures	
Gums	
Identified issues	

Nutrition status

Weight	
Height	
BMI	
Identified issues	

Dietary needs	
Identified issues	

Skin integrity	Normal/Abnormal (sores/lesions)/other
Identified issues	

Other medical examination (as relevant)

Fitness to drive	
Hearing	
Vision	
Smoking	
Foot care	
Sleep	
Cardiovascular risk factors	
Alcohol	
Other identified issues	

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