COMPREHENSIVE MEDICAL ASSESSMENT ITEM 712

RESIDENT NAME ________________________________

DOB ____________________

M/C ______________________ DVA ___________________

AGED CARE FACILITY ____________________________PH: __________

Date of admission to this facility: _____________________

NEXT OF KIN ___________________________________PH: __________

CMA provided by Dr ____________________________ PH: __________

Reason for CMA: New Admission / Existing resident ____________________

Date of service:

Resident or Representative consent	☐ Yes	☐ No
Advance Care Directive	☐ Yes	☐ No
Enduring Medical Power of Attorney	☐ Yes	☐ No

OTHER PROVIDERS OF MEDICAL CARE (eg. specialists, hospitals and allied health)

IMMUNISATION STATUS

	Year given			
Influenza				
Pneumovax				
Tetanus				

PAST MEDICAL HISTORY

CURRENT MEDICATION (or see medication list attached)

ALLERGIES or ADVERSE DRUG REACTION

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COMPREHENSIVE MEDICAL EXAMINATION

System	Relevant Examination	Identified Issues
Cardiovascular ☐ normal ☐ Abnormal	BP ________ Pulse	
Respiratory ☐ normal ☐ Abnormal	Chest ________________	
Gastro-Intestinal ☐ normal ☐ Abnormal	Abdomen _____________ Weight _______________	
Hearing ☐ normal ☐ Impaired	Hearing Aids ☐ Yes ☐ No	
Vision ☐ normal ☐ Impaired	Vision Unaided R _____ L _____ Aided R _____ L _____	
Psychological ☐ normal ☐ Problems	Mood Normal ☐ Depressed ☐	
Cognition Normal ☐ Impaired ☐	MMSE /30 if indicated Limited MMSE /10	

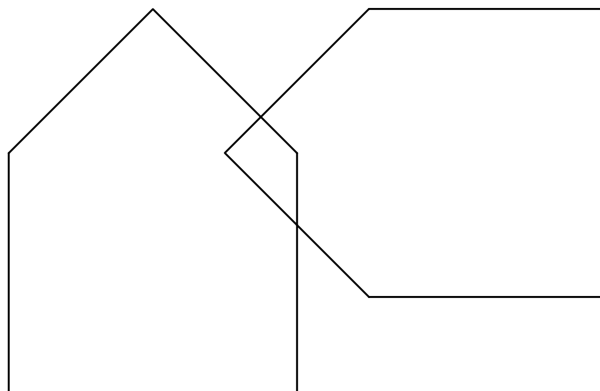
MINI-MENTAL STATE EXAMINATION	**Resident Name:** ____ **Date:** __________________________
1. Orientation (Maximum score 10) Ask "What is today's date?" Then ask specifically for parts omitted; eg. "Can you also tell me what season it is?" Ask " Can you tell me the name of this hospital/house number?" "What ward/street name are we in?" "What suburb are we in?" "What city are we in?" "What state are we in?""	Date (eg. January 21) …………………………….. Year ………………………………………………. Month…………………………………………….. Day (eg.Monday)…………………………………. Season…………………………………………….. Hospital/House No. ………………………………. Ward / Street name ……………………………….. Suburb ……………………………………………. City ……………………………………………….. State ………………………………………………..
2. Registration (Maximum score 3) Ask the subject if you may test his/her memory. Then say "ball", "flag", "tree", clearly and slowly, about one second for each. After you have said all 3 words, ask subject to repeat them. This first repetition determines the score (0-3) but keep saying them (up to 6 trials) until the subject can repeat all 3 words, if (s)he does not eventually learn all three, recall cannot be meaningfully tested	"ball" ………………………………………………. "flag" ………………………………………………. "tree" ………………………………………………. Record number of trials …………………………..
3. Attention and calculation (Maximum score 5) Ask the subject to begin at 100 and count backwards by 7. Stop after 5 subtractions (93, 86, 79, 72, 65). Score one point for each correct number. If the subject cannot or will not perform this task, ask him/her to spell the word "world" backwards (D,L,R,O,W). The score is one point for each correctly placed letter eg. DLROW = 5, DLORW = 3. Record how the subject spelled "world" backwards: __________ D L R O W	"93" ………………………………………………. "86" ………………………………………………. "79" ………………………………………………. "72" ………………………………………………. "65" ………………………………………………. **OR** Number of correctly placed letters …………………………………………………….
4. Recall (Maximum score 3) Asks the subject to recall the three words you previously asked him/her to remember (learned in Registration)	"ball" "flag" "tree"
5. Language (Maximum score 9) Naming: Show the subject a wrist watch and ask "What is this?" Repeat for pencil. Score one point for each item named correctly. **Repetition:** Ask the subject to repeat "No ifs, ands, or buts". Score one point for correct repetition.	Watch ……………………………………………. Pencil ……………………………………………. Repetition ………………………………………..
3-Stage Command: Give the subject a piece of blank paper and say, "Take the paper in your right hand, fold it in half and put it on the floor". Score one point for each action performed correctly.	Takes in right hand ………………………………. Folds in half …………………………………….. Put on floor ……………………………………….
Reading: On a blank piece of paper, print the sentence "Close your eyes" in letters large enough for the subject to see clearly. Ask subject to read it and do what it says. Score correct only if he/she actually closes his/her eyes.	Closes eyes ……………………………………….
Writing: Give the subject a blank piece of paper, ask him/her to write a sentence. It is to be written spontaneously. It must contain a subject and verb and make sense. Correct grammar and punctuation are not necessary.	Writes sentence ………………………………….
Copying: On a clean piece of paper, draw intersecting pentagons, each side about 1 inch, and ask subject to copy it exactly as it is. All 10 angles must be present and two must intersect to score 1 point. Tremor and rotation are ignored. **Eg. See diagram overleaf**	Draw pentagons
Score: Add number of correct responses. In section 3 include items 14-18 or item 19, not both. (Maximum score total 30)	**Total Score:…………………………………….**

Resident Name: ____

Date: __________________________

Close your eyes

<u>Write a sentence here</u>



COMPREHENSIVE MEDICAL EXAMINATION (cont)

System	Relevant Examination	Identified Issues
Skin Integrity ☐ normal ☐ abnormal	Ulcers ☐ Yes ☐ No	
Continence ☐ normal ☐ abnormal	Urinary Incontinence ☐ Yes ☐ No Faecal Incontinence ☐ Yes ☐ No Urinalysis – if indicated Gluc ______ Prot ______ Blood ______ Other ______	
Other (if relevant)	**Driving** ☐ Yes ☐ No **Feet** ☐ normal ☐ abnormal **Sleep** ☐ normal ☐ abnormal **Behaviour** ☐ normal ☐ abnormal **Smoking** ☐ Yes ☐ No **Alcohol Excess** ☐ Yes ☐ No **Pain Acute** ☐ Yes ☐ No **Pain Chronic** ☐ Yes ☐ No	

OTHER RELEVANT EXAMINATION

Oral Health: dentures yes/ no top/ bottom

RECENT INVESTIGATIONS

Physical Function	**Issues**
☐ walks unaided ☐ walks with aid - ☐ SPS ☐ Frame ☐ Other ☐ Safe ☐ Unsafe ☐ Walks with assistance ☐ Not mobile ☐ Recent Falls	

Activities of Daily Living : Assistance required with ADLs eg. Dressing, bathing etc.

See Care Plan ☐

Other relevant issues

PROBLEMS IDENTIFIED	ACTION REQUIRED

This patient needs: *Care Plan contribution/ Case Conference/ Family Conference/ RMMR*

GP Signature ______________________ Date ________________