

COMPREHENSIVE MEDICAL ASSESSMENT ITEM 712

Date completed: _____

RESIDENT NAME _____ **DOB** _____

AGED CARE HOME _____ **PH:** _____ **Fax:** _____

TREATING GP: Dr _____ **PH:** _____ **Fax:** _____

NEXT OF KIN _____ **PH:** _____

ADVANCE CARE DIRECTIVE **Yes** **No**

ENDURING MEDICAL POWER OF ATTORNEY **Yes** **No**

Details:

PAST MEDICAL HISTORY

CURRENT MEDICATION (or see medication list attached)

ALLERGIES or ADVERSE DRUG REACTION

IMMUNISATION STATUS (Record dates given)

Influenza _____ Pneumovax 1 _____ 2 _____ Tetanus _____

Resident name: _____

Medical Examination (Continued)		Identified Issues
Pain	Acute <input type="checkbox"/> yes <input type="checkbox"/> no Chronic <input type="checkbox"/> yes <input type="checkbox"/> no	
Sleep	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Contenance	Urinary Incontinence <input type="checkbox"/> yes <input type="checkbox"/> no Faecal Incontinence <input type="checkbox"/> yes <input type="checkbox"/> no Urinalysis if indicated Protein _____ Blood _____ Glucose _____	
Physical Function	Mobility <input type="checkbox"/> independent <input type="checkbox"/> aid _____ <input type="checkbox"/> assistance <input type="checkbox"/> not mobile Recent Falls <input type="checkbox"/> yes <input type="checkbox"/> no	
ADL's		
Assistance required		
Smoking	<input type="checkbox"/> non <input type="checkbox"/> ex <input type="checkbox"/> smoker	
Alcohol Excess	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> past	

Resident name: _____

RECENT INVESTIGATIONS

SUMMARY

PROBLEMS IDENTIFIED	ACTION REQUIRED

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

GP Signature _____ **Date** _____

GP Name (Please print) _____

<p style="text-align: center;">MINI-MENTAL STATE EXAMINATION</p>	<p style="text-align: center;">RESIDENT NAME</p> <p>DATE: _____</p>
<p>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?"</p> <p>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?"</p>	<p>Date (eg. January 21) <input type="checkbox"/></p> <p>Year <input type="checkbox"/></p> <p>Month <input type="checkbox"/></p> <p>Day (eg. Monday) <input type="checkbox"/></p> <p>Season <input type="checkbox"/></p> <p>Hospital/House No <input type="checkbox"/></p> <p>Ward / Street name <input type="checkbox"/></p> <p>Suburb <input type="checkbox"/></p> <p>City <input type="checkbox"/></p> <p>State <input type="checkbox"/> /10</p>
<p>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. Record number of trials.</p>	<p>"ball" <input type="checkbox"/></p> <p>"flag" <input type="checkbox"/></p> <p>"tree" <input type="checkbox"/> /3</p>
<p>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.</p> <p>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: _____</p>	<p>"93" <input type="checkbox"/></p> <p>"86" <input type="checkbox"/></p> <p>"79" <input type="checkbox"/></p> <p>"72" <input type="checkbox"/></p> <p>"65" <input type="checkbox"/> OR</p> <p>D <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> W <input type="checkbox"/></p> <p>Number of correctly placed letters /5</p>
<p>4. Recall (Maximum score 3) Asks the subject to recall the three words you previously asked him/her to remember (learned in Registration)</p>	<p>"ball" <input type="checkbox"/></p> <p>"flag" <input type="checkbox"/></p> <p>"tree" <input type="checkbox"/> /3</p>
<p>5. Language (Maximum score 9)</p> <p>Naming: Show the subject a wrist watch and ask "What is this?" Repeat for pencil. Score one point for each item named correctly.</p> <p>Repetition: Ask the subject to repeat "No ifs, ands, or buts". Score one point for correct repetition.</p>	<p>Watch <input type="checkbox"/></p> <p>Pencil <input type="checkbox"/></p> <p>Repetition <input type="checkbox"/> /3</p>
<p>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.</p>	<p>Takes in right hand <input type="checkbox"/></p> <p>Folds in half <input type="checkbox"/></p> <p>Put on floor <input type="checkbox"/> /3</p>
<p>For the next 3 tasks use the space & diagrams overleaf</p> <p>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.</p>	<p>Closes eyes <input type="checkbox"/> /1</p>
<p>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.</p>	<p>Writes sentence <input type="checkbox"/> /1</p>
<p>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.</p>	<p>Draw pentagons <input type="checkbox"/> /1</p>
<p>Score: Add number of correct responses (Maximum score total 30)</p>	<p>Total Score: /30</p>

Resident Name: _____ Date: _____

Close your eyes

Write a sentence here

.....

.....

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