

### centrelink

SA332(a).1411

## **Carer Payment and/or Carer Allowance** Medical Report for a person – 16 years or over

-		
Pers	on being cared for details Name	
	Date of birth	/ /
	Centrelink or Department of Veterans' Affairs	
	Reference Number	
	tomer (carer) details Name details do not need to be	
	pleted if you are only testing Address	
	pility for a Special Disability Trust	Postcode
	Date of birth	
	Your Centrelink Reference Number	
	Your contact details	If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to our website <b>humanservices.gov.au/em</b> or visit one of our Service Centres.
	Daytime number	( )
	Email	
This	s report must be completed by one	of the following health professionals who are currently involved in the
trea	tment of this person:	
		hysiotherapist <ul> <li>a member of an Aged Care Assessment Team</li> <li>occupational therapist</li> <li>an Aboriginal health worker (in a geographically remote area).</li> </ul>
- 4	Instructions for the customer (c	
	•	, al Gi )
U	Complete your details above.	
2	will need this report completed.	h Professional. When you make your appointment, please let the receptionist know you
	You may only be able to claim the consultation	claimed by the treating doctor under a Medicare item when included as part of a consultation. fee for other health professionals under private health insurance. If the Treating Health n fee may be more because of the extra time taken to complete the report.
3	Assessment is for: Carer Allowance	Carer Payment and Carer Allowance Special Disability Trust (beneficiary status)
4	Privacy and your personal information	
		cluding the <i>Privacy Act 1988</i> , and is collected by the Australian Government Department of Human In of payments and services. This information is required to process your application or claim.
		nt or given to other parties for the purposes of research, investigation or where you have agreed
	You can get more information about the way in	n which the Department of Human Services will manage your personal information, including
_	our privacy policy at humanservices.gov.au/p	rivacy or by requesting a copy from the department.
6	Services.	and clinical notes about me to be released to the Australian Government Department of Human
	<ul> <li>I understand that the report will be used to carers, OR establishing eligibility for a Spe Government Department of Human Services</li> </ul>	assist in assessing a claim for Carer Payment and/or Carer Allowance for current and future ecial Disability Trust (SDT) and may need to be released to that person(s) by the Australian is.
	Signature of person being cared for (or their no	minee) Date
<b>A</b>	Cive this report to the dector or Treaties !!-	alth Professional of
6	Give this report to the doctor or Treating He the person being cared for to complete.	AITH Professional of

1 of 6

# Instructions for the Treating Health Professional

#### This report may be used to decide eligibility for:

- Carer Allowance a supplementary payment which is free of the income and asset tests, and is not taxable. Carer Allowance can be paid in addition to wages, Carer Payment or any other Centrelink payment.
- Carer Payment is an income support payment that provides support to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment.
- Special Disability Trust beneficiary status a trust established solely in order to provide for the current and future care and accommodation needs of a person with a severe disability.

#### Payment for your report

We have asked the carer to let you know at the time of making their appointment that they require you to complete this report for your patient. This is to make sure that you have sufficient time for the examination.

The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation.

#### **Completing this report**

In this report you will be asked to provide details of the person's medical condition(s). Please complete all the required questions in this report. If you have any questions about this report, you can call us on 132 717.

#### Returning this report to us

You can give this report and any attachments to the person providing care or you can return this report directly to the Department of Human Services.

#### Thank you for your assistance

This report is based on the Adult Disability Assessment Tool (ADAT). The ADAT is used only for the purpose of assessing eligibility for Carer Payment (adult), Carer Allowance (adult) and Special Disability Trusts. Its purpose is to measure the level of care needed by an adult because of his or her disability, and is designed to provide access to Carer Payment, Carer Allowance and Special Disability Trust for carers of people with similar levels of disability, even where the cause and type of disability differ. The ADAT measures the amount of help required to undertake activities of daily living such as mobility, communication, hygiene, eating and a range of cognitive and behavioural areas. This may include supervising and prompting the care receiver to undertake these daily activities.

	Please use black or blue pen.
1	Does the person being cared for have physical, intellectual or psychiatric disabilities?  physical
2	Please advise the disability and/or medical condition(s) of the person being cared for.
3	Did the disability and/or medical condition(s) for which this person requires additional care commence more than 12 weeks ago?  No Date commenced / / Yes
4	Are the current care needs attributable to an acute onset of the disability and/or medical condition(s)?  No  Yes Date of event /

	Holp includes physical assistance, cuparvision and prompting	qualified Medical Practitioner who can certify this person h	as a
	Help includes physical assistance, supervision and prompting.	terminal condition.	
	Routine personal activities include eating, dressing and maintaining hygiene or mobility. Do <b>not</b> include tasks such as housekeeping, gardening, shopping, etc.	Name	
	Does the person require help on a daily basis because of their disability and/or medical condition(s) to carry out routine personal	Professional qualifications	
	activities OR because they may be at risk to themselves or to others?	Trocosional qualifications	
	No		
	Yes	Phone number	
•		( )	
6	Is the carer claiming Carer Payment?		
	No • Go to 8	You do not have to complete any more medical details abo	ut
	Yes Go to next question	this person.  • Go to 17	
7	Is this care required for a significant period each day (at least the equivalent of a normal working day)?	13 Please read this before answering the following questi	ons.
	No 🗔	Personal activities for daily living—This is an assessm	
	Yes	of personal activities of daily living. For each function, plea	
	Not sure	indicate which best describes the person receiving the ca	
		The information under each function should be used as a	
	Comments	record of what the person does, NOT a record of what the person could do.	
		The main aim is to establish the degree of independence fr	om
		any help, physical or verbal, however minor and for whate reason.	ver
		A person's performance should be established using the background available evidence. Asking the person, friends/relatives are	
•		nurses will be the usual source, but direct observation and common sense are also important. However, direct testing	
8	Which best describes the person's disability/medical condition:	not needed.	j is
	Terminal Go to next question	Usually the performance over the preceding 24–48 hours	is
	Permanent <b>Go to 10</b>	important, but occasionally longer periods will be relevant	
	Temporary <b> Go to 11</b>	Middle categories imply that the person supplies more that 50 per cent of the effort.	an
9	Is the person expected to live more than 3 months?	Use of aids to be independent is allowed.	
	No	Note: If the person needs to be supervised or prompted to	)
	Yes	perform certain tasks because of their disability and/or medical condition(s) they are considered to be 'dependent	or
10	Is the person's overall condition likely to:	'needing help' depending on the level of assistance they require for the task. This may include people with mental	
	Improve □ c ▶ Go to 13	illness, acquired brain impairment or intellectual disability	
	Not improve ☐ D ► Go to 13		
11	For how long do you expect this person's condition to continue?		
	Less than 6 months E Go to 13		
	Between 6 and 12 months F Go to 13		
	12 months or more G G Go to 13		
	12 mondie of more at to to 10		

Please read this before answering the question.

12 Please provide the name and contact details of the legally

14		is in the person's best interests that ALL parts of lestion 14 (1–10) are answered.	7	<b>Mobility</b> Refers to mobility about house or indoors. May use aid. If in
		y to day needs—for each function, please tick the box which st describes the person receiving care:		wheelchair, must negotiate corners/doors unaided. Help = by one untrained person, including supervision, moral support.
	1	Bowels		Immobilea
	•	Assess preceding week. If needs enema, then incontinent.		Wheelchair independent, including corners etc. b (i.e. uses wheelchair without assistance)
		Incontinent (or needs to be given enema) $\square$ <sub>a</sub>		Walks with help of one person (verbal or physical)
		Occasional accident (once a week) $\square_b$		Independent d
		Continentc	_	
	2	Bladder Assess preceding week. Occasional = less than once a day. A catheterised person who can completely manage the catheter alone is registered as 'continent'.	8	Dressing Should be able to select and put on all clothes, which may be adapted. Half = requires help with buttons, zips etc. but can put on some garments alone.
		Incontinent or catheterised and unable to managea		Dependenta
		Occasional accident (once a week)		Needs help but can do about half unaidedb
		Continent C		Independent (including buttons, zips, laces etc.)c
	3	<b>Grooming</b> Assess preceding 24–48 hours. Refers to personal hygiene:	9	<b>Stairs</b> To be independent, must be able to carry any walking aid used.
		Cleaning teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper.		Unable a
		Needs help with personal care: Face, hair, teeth a		Needs help (verbal, physical, carrying aid) $\  \  \  \  \  \  \  \  \  \  \  \  \ $
		Independent (implements provided) b		Independent up and down $\  \  \  \  \  \  \  \  \  \  \  $
	4	Toilet use Should be able to reach toilet/commode, undress sufficiently, clean self, dress and leave. With help = can wipe self, and can do some other of the above.	10	Usually the most difficult activity.  Bath: Independent = must get in and out unsupervised and wash self.  Shower: Independent = unsupervised/unaided.
		Dependenta		Dependenta
		Needs some help but can do some things alone $\[ \]$		Independent b
		Independent (on and off, wiping, dressing) $\  \  \  \  \  \  \  \  \  \  \  \  \ $		
	5	Feeding Able to eat any normal food (not only soft food). Food cooked and served by others, but not cut up. Help = food cut up, person feeds self.  Unable		
		Needs help in cutting, spreading butter etc. b		
		Independent (food provided within reach)		
	6	Transfer		
	Ü	From bed to chair and back. Unable = no sitting balance (unable to sit), 2 people to lift. Major help = 1 strong/skilled or 2 normal people. Can sit up.  Minor help = 1 person easily, or needs any supervision for safety.		
		Unable – no sitting balance $\square_a$		
		Major help (physical, 1 or 2 people), can sit $\  \  \  \  \  \  \  \  \  \  \  \  \ $		
		Minor help (verbal or physical)c		

15	GO	gnitive function			17	Release of medical information about the person being
	1	In your opinion, is the person cognitively i	impaired?			cared for
		No <b>Go to 16</b>				The Freedom of Information Act 1982 allows for the disclosure
		Yes				of medical or psychiatric information directly to the person
	_					requiring care. If there is any information in your report which, if released to the person, may harm his or her physical or mental
	2	This is an assessment of cognitive function				well-being, please identify it and briefly state below why it
		Ask the person receiving the care for the information:	tollowing			should not be released directly to this person. Similarly, please
		Please answer all parts of the Abbreviate	d Mental Te	est.		specify any other special circumstances which should be taken
		Memory phrase may be repeated up to 3				into account when deciding on the release of your report.
		the person has heard it correctly. All other		may only		Is there any information in this report which, if released, might
		be asked once, without further prompting	J.			be prejudicial to the person's physical or mental well-being?
		The Abbreviated Mental Test (AMT)	Correct I	ncorrect		No Go to next question
		• Time of day (to the nearest hour)	a	a		Yes ldentify the information and state why it should not be
		Memory phrase				released.
		Repeat this phrase after me and rememb	er			
		it for later – 42 West Street  Name of institution or suburb where	□.	<u>п</u> . I		
		the person lives	b	Lb		
		Recognition of 2 persons in the room	C	С		
		(doctor, nurse, carer etc.)		,		
		<ul><li>Date of birth (day, month, year)</li></ul>	d	d		
		Name of present Prime Minister of Australia	е	е		
		<ul> <li>Count backwards from 20 to 1</li> </ul>	f	f		
		Ask the person to repeat the Memory phrase	g	g		
	•		T 1/ABAT	7,0		
	3	Unable to administer Abbreviated Mental	Test (AIVIT	- /)?		
		No				
		Yes Person unable to communic	ate	a		Please return this report directly to the
		<ul> <li>Person refused to participate</li> </ul>	е	b		Department of Human Services.
16		haviour—for each statement, please tick	the box wh	nich best	18	Confidentiality of information The personal information
		scribes the person's usual state.			10	that is provided to you for the purpose of this report must
		es the person:	Name			be kept confidential under section 202 of the
	1	Show signs of depression?	Neve			Social Security (Administration) Act 1999. It cannot be
			Sometime	es b		disclosed to anyone else unless authorised by law.  There are penalties for offences against section 202 of the
		Most	t of the tim	ie c		Social Security (Administration) Act 1999.
	2	Show signs of memory loss?	Neve	er 🗔		3 ( )
		,	Sometime			
		Most	t of the tim	_~ _	19	IMPORTANT INFORMATION
	_	IVIOSI				Privacy and your personal information
	3	Withdraw from social contact?	Neve	er 💹 a		Your personal information is protected by law, including the
			Sometime	es b		Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the
		Most	t of the tim	ie 🔲 c		assessment and administration of payments and services. This
		Dioplay aggregation towards salf as others				information is required to process your application or claim.
	4	Display aggression towards self or others				Your information may be used by the department or given to
			Sometime			other parties for the purposes of research, investigation or
			Ofte	en 💹 c		where you have agreed or it is required or authorised by law. You can get more information about the way in which the
	5	Display disinhibited behaviour?	Neve	er 🗔		Department of Human Services will manage your personal
	-		Sometime			information, including our privacy policy at
						humanservices.gov.au/privacy or by requesting a copy from
			Ofte	en 🔲 c		the department.

Profession	nal qualifications		
Address			
		Destrode	
Di-		Postcode	
Phone nui	) )		
( Signature			
Signature			
Date			
/	1		
Stamp (if	applicable)		
•			

### **Returning this report**

You can give this report and any attachments to the person providing care or you can return this report directly to the Department of Human Services. However, if you answered 'Yes' at question 17, please make sure to return this report directly to the Department of Human Services.