

Person being cared for details

Name

Date of birth / /

Centrelink or Department of Veterans' Affairs Reference Number

Customer (carer) details

Your details do not need to be completed if you are only testing eligibility for a Special Disability Trust

Name

Address
 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 humanservices.gov.au/em or visit one of our Service Centres.

Daytime number ()

Email

This report must be completed by one of the following health professionals who are currently involved in the treatment of this person:

- a legally qualified medical practitioner
- a registered nurse
- a physiotherapist
- an occupational therapist
- a member of an Aged Care Assessment Team
- an Aboriginal health worker (in a geographically remote area).

Instructions for the customer (carer)

- 1 Complete your details above.
- 2 Make an appointment with a Treating Health Professional. When you make your appointment, please let the receptionist know you will need this report completed.

The time taken to complete this report may be claimed by the treating doctor under a Medicare item when included as part of a consultation. You may only be able to claim the consultation fee for other health professionals under private health insurance. If the Treating Health Professional does not bulk bill, your consultation 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
Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

- 5 Authorisation for release of medical details by the person being cared for.
 - I give permission for relevant medical details and clinical notes about me to be released to the Australian Government Department of Human Services.
 - I understand that the report will be used to assist in assessing a claim for Carer Payment and/or Carer Allowance for current and future carers, OR establishing eligibility for a Special Disability Trust (SDT) and may need to be released to that person(s) by the Australian Government Department of Human Services.

Signature of person being cared for (or their nominee)

Date

/ /

- 6 Give this report to the doctor or Treating Health Professional of the person being cared for to complete.



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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

intellectual

psychiatric

- 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

	/		/	
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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

	/		/	
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5 Please read this before answering the question.

Help includes physical assistance, supervision and prompting.

Routine personal activities include eating, dressing and maintaining hygiene or mobility. Do **not** include tasks such as housekeeping, gardening, shopping, etc.

Does the person require help on a daily basis because of their disability and/or medical condition(s) to carry out routine personal activities OR because they may be at risk to themselves or to others?

No

Yes

6 Is the carer claiming Carer Payment?

No ► **Go to 8**

Yes ► **Go to next question**

7 Is this care required for a significant period each day (at least the equivalent of a normal working day)?

No

Yes

Not sure

Comments

8 Which best describes the person's disability/medical condition:

Terminal ► **Go to next question**

Permanent ► **Go to 10**

Temporary ► **Go to 11**

9 Is the person expected to live more than 3 months?

No **A** ► **Go to 12**

Yes **B** ► **Go to 13**

10 Is the person's overall condition likely to:

Improve **C** ► **Go to 13**

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** ► **Go to 13**

12 Please provide the name and contact details of the legally qualified Medical Practitioner who can certify this person has a terminal condition.

Name

Professional qualifications

Phone number

()

You do not have to complete any more medical details about this person.

► **Go to 17**

13 Please read this before answering the following questions.

Personal activities for daily living—This is an assessment of personal activities of daily living. For each function, please indicate which best describes the person receiving the care.

The information under each function should be used as a 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 from any help, physical or verbal, however minor and for whatever reason.

A person's performance should be established using the best available evidence. Asking the person, friends/relatives and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.

Usually the performance over the preceding 24–48 hours is important, but occasionally longer periods will be relevant.

Middle categories imply that the person supplies more than 50 per cent of the effort.

Use of aids to be independent is allowed.

Note: If the person needs to be supervised or prompted to perform certain tasks because of their disability and/or medical condition(s) they are considered to be 'dependent' or 'needing help' depending on the level of assistance they require for the task. This may include people with mental illness, acquired brain impairment or intellectual disability.

14 It is in the person's best interests that ALL parts of question 14 (1–10) are answered.

Day to day needs—for each function, please tick the box which best describes the person receiving care:

1 Bowels

Assess preceding week. If needs enema, then incontinent.

Incontinent (or needs to be given enema) a

Occasional accident (once a week) b

Continent c

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'.

Incontinent or catheterised and unable to manage a

Occasional accident (once a week) b

Continent c

3 Grooming

Assess preceding 24–48 hours. Refers to personal hygiene: Cleaning teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper.

Needs help with personal care: Face, hair, teeth a

Independent (implements provided) b

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.

Dependent a

Needs some help but can do some things alone b

Independent (on and off, wiping, dressing) c

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 a

Needs help in cutting, spreading butter etc. b

Independent (food provided within reach) c

6 Transfer

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 a

Major help (physical, 1 or 2 people), can sit b

Minor help (verbal or physical) c

Independent d

7 Mobility

Refers to mobility about house or indoors. May use aid. If in wheelchair, must negotiate corners/doors unaided. Help = by one untrained person, including supervision, moral support.

Immobile a

Wheelchair independent, including corners etc. (i.e. uses wheelchair without assistance) b

Walks with help of one person (verbal or physical) c

Independent d

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.

Dependent a

Needs help but can do about half unaided b

Independent (including buttons, zips, laces etc.) c

9 Stairs

To be independent, must be able to carry any walking aid used.

Unable a

Needs help (verbal, physical, carrying aid) b

Independent up and down c

10 Bathing

Usually the most difficult activity.

Bath: Independent = must get in and out unsupervised and wash self.

Shower: Independent = unsupervised/unaided.

Dependent a

Independent b

20 Details of the Health Professional completing this report
Please print in BLOCK LETTERS or use stamp.

Name

Professional qualifications

Address

Postcode

Phone number

Signature



Date

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.