

Australian Government



# Medical Report Carer Allowance and/or Carer Payment Special Disability Trust beneficiary status

For a person – 16 years or over

	Person being cared for details Name											
	Date of birth		/	/		]						
	Centrelink or Department of Veterans' Affairs Reference Number											
	Customer details Name											
	Your details do not need to be completed if you are only testing Address											
	eligibility for a Special Disability Trust								Postco	de		
	Date of birth		/	/		CRN		_		_		_
	Phone number		)									
	This report must be completed by a Heal	h Pr	ofess	ional								
IS	tructions for the customer				Instruc	tions for	the H	lealt	h Pro	ofessi	ional	
	Complete your details above.				This repo	rt must be co	mplete	ed by c	one of t	the follo	owing:	
•	Make an appointment with the doctor or specialist. When you make your appointment, please let the receptionist know that you will need this report completed. The time taken to complete the medical report may be claimed by a treating doctor under a Medicare item when included as			A legally qualified Medical Practitioner, registered nurse, occupational therapist, physiotherapist, member of an Aged Care Assessment Team or an Aboriginal health worker (in a geographically remote area) currently involved in the treatment of the person being cared for.								
								reatiment				
	part of a consultation. If the treating doctor does not	bulk t	oill.		This repo	rt mav be use	d to:					

- decide eligibility for Carer Payment and/or Carer Allowance
- decide eligibility for Special Disability Trust beneficiary status.

#### Payment for your report

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

If you are a treating doctor, 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 medical details about the person's illness or disability and the impact it has on the person's ability to function independently. An oral test is used to access cognitive impairment.

Please complete all the required questions in this report. If you have any questions about this report, call Centrelink on **13 2717**.

#### 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 Centrelink.

#### Thank you for your assistance

Give this report to the Health Professional to complete.

your consultation fee may be more than usual because of the

extra time taken to complete the report. You may only be able to

claim the consultation fee for a Health Professional under private

**Carer Allowance and Carer Payment** 

Authorisation for release of medical details by the person

I give permission for relevant medical details and clinical notes

I understand that the report will be used to assist in assessing

a claim for Carer Allowance and/or Carer Payment for current

and future carers. **OR** establishing eligibility for a Special

Disability Trust (SDT) and may need to be released to that

Signature of person being cared for (or their nominee)

Special Disability Trust (beneficiary status)

about me to be released to Centrelink.

person(s) by Centrelink.

/

Carer Allowance

health insurance.

Assessment is for

being cared for.

(3)

E

1

Date

	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) and Carer Allowance (adult). 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 and Carer Allowance 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 / / / Yes					
4	Are the current care needs attributable to an acute onset of the disability and/or medical condition(s)?					
	Νο					
	Yes Date of event / /					
5	Please read this before answering the question					
	<ul> <li>Help includes physical assistance, supervision and prompting.</li> <li>Routine personal care activities include eating, dressing and maintaining hygiene or mobility. Do not include tasks such as housekeeping, gardening, shopping, etc.</li> </ul>					
	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 for Carer Payment? No <b>Go to 8</b> Yes <b>Go to next question</b>					
7	Is this care required for a significant period each day (at least the equivalent of a normal working day)? No Yes					
8	Does the disability and/or medical condition(s) result in the need for more than one person to provide					

this amount of daily care?

No	
Yes	

9	Is this person's condition:
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Permanent	Go to next question
Temporary	• Go to 11
Terminal 📄	Go to 12

10 Is this person's overall condition likely to improve?

No	Go	to	12
Yes	Go	to	14

11 For how long do you expect this person's condition to continue?

12 months or more <b>Go to 14</b>	
6 – 11 months <b>6 to 14</b>	
less than 6 months 🕕 You do not have to complete any more medical details about thi	s person.
<b>Go to 18</b>	

12 Does the person have a terminal illness and is not expected to live for more than 3 months?

No	<b>Go to 14</b>
Yes	Go to next question

**13** 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 detail	Is about this person. <b>Go to 18</b>

### 14 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% 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.

## 15 It is in the person's best interests that ALL parts of question 15 (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) $\square_a$
		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	Incontinent or catheterised and unable to manage a
	catheter alone is registered as 'continent'.	Occasional accident (once a week) b
		Continent Continent
3	<b>Grooming</b> Assess preceding 24–48 hours. Refers to personal hygiene:	Needs help with personal care: Face, hair, teeth 🗌 a
	Cleaning teeth, fitting false teeth, doing hair, shaving, washing	
	face. Implements can be provided by helper.	Independent (implements provided)
4	Toilet use Should be able to reach toilet/commode, undress sufficiently,	Dependent a
	clean self, dress and leave. With help = can wipe self, and could do some other of the	Needs some help but can do some things alone $\Box_b$
	above.	Independent (on and off, wiping, dressing) $\Box_c$
5	Feeding	
5	Able to eat any normal food (not only soft food). Food cooked	Unablea
	and served by others, but not cut up. Help = food cut up, person feeds self.	Needs help in cutting, spreading butter etc.
		Independent (food provided within reach)
6	Transfer	
	From bed to chair and back. Unable $=$ no sitting balance (unable to sit), two people to lift. Major help $=$ one strong/skilled or two normal people. Can sit up.	Unable – no sitting balance $\square_a$
		Major help (physical, one or two people), can sit $\square_{b}$
	Minor help = one person easily, or needs any supervision for safety.	Minor help (verbal or physical)c
	ior sarety.	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.	Wheelchair independent, including corners etc. b (i.e. uses wheelchair without assistance)
		Walks with help of one person (verbal or physical) $\square_{ m c}$
		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	Dependenta
	can put on some garments alone.	Needs help but can do about half unaided b
		Independent (including buttons, zips, laces etc.)
9	<b>Stairs</b> To be independent, must be able to carry any walking aid used.	
		Needs help (verbal, physical, carrying aid) $\Box_b$
		Independent up and down $\square_c$
10	Bathing	
10	Usually the most difficult activity.	Dependent 🔤 a
	Bath: Independent = must get in and out unsupervised and wash self. Shower: Independent = unsupervised/unaided.	Independent 🔄 b

## **16** Cognitive function

1 In your opinion, is the person cognitively impaired?

No **Go to 17** Yes

2 This is an assessment of cognitive function.

Ask the person receiving the care for the following information:

Please answer all parts of the Abbreviated Mental Test.

Memory phrase may be repeated up to three times to ensure the person has heard it correctly. All other questions may only be asked once, without further prompting.

b

	<ul> <li>The Abbreviated Mental Test (AMT)</li> <li>Time of day (to the nearest hour)</li> </ul>	Correct	Incorrect
	<b>Memory phrase</b> Repeat this phrase after me and remember it for later – 42 West Stree	t	
	Name of institution or suburb where the person lives	b	b
	• Recognition of two persons in the room (doctor, nurse, carer etc.)	c	c
	Date of birth (day, month, year)	d	d
	Name of present Prime Minister of Australia	e	e
	Count backwards from 20 to 1	f	f
	Ask the person to repeat the Memory phrase	g	g
3	Unable to administer Abbreviated Mental Test (AMT – 7)? No		
	Yes - Person unable to communicate a		

**17 Behaviour**—for each statement, please tick the box which best describes the person's usual state. **Does the person:** 

1	Show signs of depression?	Never a
		Sometimes b
	Ν	Aost of the time 🔤 c
0		Never
2	Show signs of memory loss?	Never
		Sometimes b
	Ν	Nost of the time $\Box_{c}$
3	Withdraw from social contact?	Never
		Sometimes b
	Ν	Nost of the timec
4	Display aggression towards self or others?	Never
		Sometimes b
		Often c
5	Display disinhibited behaviour?	Never a
		Sometimes b
		Often c

• Person refused to participate

### 18 Release of medical information about the person requiring care

The *Freedom of Information Act 1982* allows for the disclosure 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 well-being, please identify it and briefly state below why it should not be released directly to this person. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released, might be prejudicial to the person's physical or mental well-being?

s 📄 Identify the	information and state w	hy it should not be r	eleased.	

**19 Confidentiality of information** The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999.* It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999.* 

Professional qualifications	 					
Address						
	 			Postco	ada	
Phone number				FUSIC	Jue	
( )						
( ) 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 Centrelink. However, if you answered 'Yes' at question 18, please make sure to return this report directly to Centrelink.