

Request for medical information (CS4597)

When to use this form



This form is to be completed by a medical practitioner.

The information requested in this form will help Services Australia make a Change of Assessment decision under the *Child Support (Assessment) Act 1989*.

Providing information to us on this form is voluntary. However, our customers are required to provide relevant evidence to substantiate their claims made in a Change of Assessment application or response.

Important information

The information contained in this form must be given to the other party if it is going to be considered as part of the Change of Assessment application. Before submitting this information, talk to us if you have any concerns.

Personal information is protected by law and can only be given to someone else in special circumstances, where Commonwealth or other legislation allows, or where the person gives their permission.

Online account



You can access your Child Support online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at my.gov.au and link your Child Support online account to it.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

For more information



Go to servicessaustralia.gov.au/childsupport or call us on **131 272**.

Information in your language

For Child Support, call **131 272** (call charges may apply). Let us know if you need an interpreter and we will arrange one for free.

Go to servicessaustralia.gov.au/yourlanguage to read, listen to or watch information in your language.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more help with communication, go to servicessaustralia.gov.au and search 'other support and advice'.

Patient's details

1 Patient's name

Family name

First given name

Second given name

2 Patient's date of birth (DD MM YYYY)

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3 Date you examined the patient (DD MM YYYY)

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4 Does the patient have a medical condition which affects their ability to perform their usual work?

No **Go to 9**

Yes Give details below (for example inability to lift heavy weights, unable to sit for extended periods, poor concentration)

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If you need more space, provide a separate sheet with details.

5 In your opinion as a medical practitioner, what period is/was the patient unfit for work?

From (DD MM YYYY)

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To (DD MM YYYY)

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6 Can the patient perform any other work?

No **Go to next question**

Yes Give details below about what other type of work is possible and the approximate number of hours they would be able to work

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If you need more space, provide a separate sheet with details.

7 Are there likely to be long-term limitations on the patient's ability to work full time in future?

No **Go to 9**

Yes Give details below (for example patient cannot work more than 3 hours a day because they are unable to sit for long periods of time)

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If you need more space, provide a separate sheet with details.

8 How long are these limitations likely to last?

Tick one only

Less than 3 months

3-6 months

7-12 months

1-2 years

more than 2 years

Provide additional information, if relevant

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If you need more space, provide a separate sheet with details.

Privacy notice

9 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Declaration

10 I declare that:

- I have examined the above named patient.
- the information I have provided in this form is complete and correct.

I certify that:

- the patient is unfit for work for the reasons listed above.
- the patient was/is unfit for work for the period stated at question 5.

I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your full name

Practice address

 Postcode

Practice phone number (including area code)

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Your signature



Date (DD MM YYYY)

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Returning this form

Return this form and a copy of any supporting documents:

- **online**, sign in to your Child Support online account or Express Plus Child Support mobile app and upload by selecting Upload documents.
- by post to
Services Australia
Child Support
GPO Box 9815
MELBOURNE VIC 3001

- by fax to 1300 309 949

You should keep a copy of this form for your records.