

If completing form by hand: • Print clearly using a black or blue pen only • Use BLOCK LETTERS • Do not use correction fluid or tape

Person being cared for details Family name *

Fields marked with * must be filled in. First given name *

Second given name(s)

Date of birth *

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Centrelink or Department of Veterans' Affairs Reference Number

Customer (carer) details Your Customer Reference Number

Fields marked with * must be filled in. Family name *

First given name *

Second given name(s)

Address *
Postcode

Date of birth *

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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 servicesaustralia.gov.au/em

Include the area code if you provide your home or work number.
Daytime phone number, for example, (Home/Work) **07 5555 5555** or (Mobile) **0412 345 678**

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).



CLK0SA332(a) 2103

Person being cared for

Date of birth

Steps for the customer (carer)

**This medical report is not a claim for Carer Payment or Carer Allowance.
Complete a claim for Carer Payment or Carer Allowance separately.**

- 1 Complete** your details above.
- 2 Make** an appointment with a Treating Health Professional. When you make your appointment, 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**

The privacy and security of your personal information is important to us, and is protected by law. We need to 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/privacy

- 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 Centrelink.
- I understand that the report will be used to help assess 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 Centrelink.

Signature of person being cared for (or their nominee)



Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Instructions for the Treating Health Professional

This report may be used to decide eligibility for:

- **Carer Allowance** — an income supplement for people who provide additional daily care and attention for an adult or child with a disability or a medical condition, or an adult who is frail aged. It can be paid in addition to wages or another income support payment.
Carer Allowance is not taxable or assets tested. Carer Allowance is income tested.
- **Carer Payment** — is an income support payment paid to carers 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). 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 Centrelink.

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 their 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.

- 1** Does the person being cared for have physical, intellectual or psychiatric disabilities?
- physical
- intellectual
- psychiatric

- 2** Advise the disability and/or medical condition(s) of the person being cared for. (Up to 4 most relevant)

1

2

3

4

- 3** What date did the disability or medical condition begin?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 4** **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 or shopping.

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

5 Is the carer claiming Carer Payment?

No **Go to 7**

Yes *Go to next question*

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

No

Yes

Not sure

Comments

7 Choose one response which best describes the person's disability or medical condition:

Select one only

Terminal – The person is expected to live more than 3 months **Go to 9**

Terminal – The person is not expected to live more than 3 months **Go to 8**

Permanent – The person's condition is likely to improve **Go to 9**

Permanent – The person's condition is not likely to improve **Go to 9**

Temporary – The person's condition is expected to continue for less than 6 months **Go to 9**

Temporary – The person's condition is expected to continue between 6 and 12 months **Go to 9**

Temporary – The person's condition is expected to continue for 12 months or more **Go to 9**

8 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 13**

9 **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, 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.

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.

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

Day to day needs—for each function, tick **one** response 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 (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 1 untrained person, including supervision, moral support.

Immobile (a)

Wheelchair independent, including corners (b)
(for example, uses wheelchair without assistance)

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, but can put on some garments alone.

Dependent (a)

Needs help but can do about half unaided (b)

Independent (including buttons, zips, laces) (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)

11 Cognitive function

- 1 In your opinion, is the person cognitively impaired?

No **Go to 12**

Yes *Go to next question*

- 2 This is an assessment of cognitive function.

It is in the person's best interests that **all** parts of question 11 (2) are answered.

Ask the person receiving the care for the following information.

Answer all parts of the Abbreviated Mental Test. Memory phrase may be repeated up to 3 times to make sure the person has heard it correctly. All other questions may only be asked once, without further prompting.

The Abbreviated Mental Test (AMT)

Time of day (to the nearest hour) (a) Correct
Incorrect

Memory phrase

Repeat this phrase after me and remember it for later – 42 West Street

Name of institution or suburb where the person lives (b) Correct
Incorrect

Recognition of 2 persons in the room (doctor, nurse, carer) (c) Correct
Incorrect

Date of birth (day, month, year) (d) Correct
Incorrect

Name of present Prime Minister of Australia (e) Correct
Incorrect

Count backwards from 20 to 1 (f) Correct
Incorrect

Ask the person to repeat the **Memory phrase** (g) Correct
Incorrect

- 3 Unable to administer Abbreviated Mental Test (AMT – 7)?

No

Yes, person unable to communicate (a)

Yes, person refused to participate (b)

- 12 Behaviour**—for each statement, tick **one** response which best describes the person's usual state.

Does the person:

1 Show signs of depression? Never (a)

Sometimes (b)

Most of the time (c)

2 Show signs of memory loss? Never (a)

Sometimes (b)

Most of the time (c)

3 Withdraw from social contact? Never (a)

Sometimes (b)

Most of the time (c)

4 Display aggression towards self or others? Never (a)

Sometimes (b)

Often (c)

5 Display disinhibited behaviour? Never (a)

Sometimes (b)

Often (c)

13 Release of medical information about the person being cared for

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 their physical or mental well-being, identify it and briefly state below why it should not be released directly to this person. Similarly, 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?

No *Go to next question*

Yes Identify the information and state why it should not be released.

Large rectangular area with horizontal dashed lines for writing.

If you have recorded information at this question, return this report directly to us after providing your details at question 16.

Person being cared for

Date of birth

14 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*.

15 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 to provide payments and services. 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 servicesaustralia.gov.au/privacy

16 Name of person being cared for

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the Health Professional completing this report
Print in BLOCK LETTERS.

Name

Professional qualifications

Address

Postcode

Phone number (include the area code if you provide your home or work number)

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

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 us.

However, if you answered 'Yes' at question 13, make sure to return this report directly to:

Services Australia
Carer Services
PO Box 7805
CANBERRA BC ACT 2610