



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

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 / / CRN ---

Phone number ()

This report must be completed by a Health Professional

Instructions for the customer

- 1 Complete your details above.
- 2 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 part of a consultation. If the treating doctor does not bulk bill, 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 health insurance.
- 3 Assessment is for
 Carer Allowance
 Carer Allowance and Carer Payment
 Special Disability Trust (beneficiary status)
- 4 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 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 person(s) by Centrelink.

Signature of person being cared for (or their nominee)



Date / /

- 5 Give this report to the Health Professional to complete.

Instructions for the Health Professional

This report must be completed by one of the following:

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.

This report may be used 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

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)?

No

Yes Date of event

5 Please read this before answering the question

Help includes physical assistance, supervision and prompting.

Routine personal care 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 for 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

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:
- 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 ► *Go to 14*
- 6 – 11 months ► *Go to 14*
- less than 6 months ► You do not have to complete any more medical details about this person.
► *Go to 18*

- 12 Does the person have a terminal illness and is not expected to live for more than 3 months?
- No ► *Go to 14*
- 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 details about this person. ► *Go to 18*

- 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) 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 could 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), two people to lift. Major help = one strong/skilled or two normal people. Can sit up.

Minor help = one person easily, or needs any supervision for safety.

Unable – no sitting balance a

Major help (physical, one or two 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

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.

The Abbreviated Mental Test (AMT)

Correct Incorrect

- Time of day (to the nearest hour)

a

a

Memory phrase

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

- Name of institution or suburb where the person lives
- Recognition of two persons in the room (doctor, nurse, carer etc.)
- Date of birth (day, month, year)
- Name of present Prime Minister of Australia
- Count backwards from 20 to 1
- Ask the person to repeat the **Memory phrase**

b

b

c

c

d

d

e

e

f

f

g

g

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

No

Yes • Person unable to communicate

a

- Person refused to participate

b

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

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

