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

- a physiotherapist
- an occupational therapist
- a legally qualified medical practitioner
- a registered nurse
- 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.
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

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Instructions for the Treating Health Professional

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: / / 
   - 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 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 □ [Go to 12]
- Yes □ [Go to 13]

10 Is the person’s overall condition likely to:

- Improve □ [Go to 13]
- Not improve □ [Go to 13]

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

- Less than 6 months □ [Go to 13]
- Between 6 and 12 months □ [Go to 13]
- 12 months or more □ [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:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bowels</td>
<td>Assess preceding week. If needs enema, then incontinent.</td>
<td>Incontinent (or needs to be given enema)</td>
<td>a</td>
<td>Occasional accident (once a week)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continent</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Bladder</td>
<td>Assess preceding week. Occasional = less than once a day. A catheterised person who can completely manage the catheter alone is registered as ‘continent’.</td>
<td>Incontinent or catheterised and unable to manage</td>
<td>a</td>
<td>Occasional accident (once a week)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continent</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grooming</td>
<td>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.</td>
<td>Needs help with personal care: Face, hair, teeth</td>
<td>a</td>
<td>Independent (implements provided)</td>
</tr>
<tr>
<td>4</td>
<td>Toilet use</td>
<td>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.</td>
<td>Dependent</td>
<td>a</td>
<td>Needs some help but can do some things alone</td>
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<td></td>
<td></td>
<td></td>
<td>Independent (on and off, wiping, dressing)</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Feeding</td>
<td>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.</td>
<td>Unable</td>
<td>a</td>
<td>Needs help in cutting, spreading butter etc.</td>
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<td></td>
<td></td>
<td></td>
<td>Independent (food provided within reach)</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Transfer</td>
<td>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.</td>
<td>Unable – no sitting balance</td>
<td>a</td>
<td>Major help (physical, 1 or 2 people), can sit</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Minor help (verbal or physical)</td>
<td>c</td>
<td>Independent</td>
</tr>
<tr>
<td>7</td>
<td>Mobility</td>
<td>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.</td>
<td>Immobile</td>
<td>a</td>
<td>Wheelchair independent, including corners etc. (i.e. uses wheelchair without assistance)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Walks with help of one person (verbal or physical)</td>
<td>c</td>
<td>Independent</td>
</tr>
<tr>
<td>8</td>
<td>Dressing</td>
<td>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.</td>
<td>Dependent</td>
<td>a</td>
<td>Needs help but can do about half unaided</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Independent (including buttons, zips, laces etc.)</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Stairs</td>
<td>To be independent, must be able to carry any walking aid used.</td>
<td>Unable</td>
<td>a</td>
<td>Needs help (verbal, physical, carrying aid)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Independent up and down</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Bathing</td>
<td>Usually the most difficult activity. Bath: Independent = must get in and out unsupervised and wash self. Shower: Independent = unsupervised/unaided.</td>
<td>Dependent</td>
<td>a</td>
<td>Independent</td>
</tr>
</tbody>
</table>
15 Cognitive function

1 In your opinion, is the person cognitively impaired?
   No [ ] Go to 16
   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 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) Correct Incorrect
   • Time of day (to the nearest hour) [ ] [ ]
   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 2 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 [ ] [ ]

3 Unable to administer Abbreviated Mental Test (AMT – 7)?
   No [ ]
   Yes [ ]
   • Person unable to communicate [ ]
   • Person refused to participate [ ]

16 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 [ ]
      Sometimes [ ]
      Most of the time [ ]
   2 Show signs of memory loss? Never [ ]
      Sometimes [ ]
      Most of the time [ ]
   3 Withdraw from social contact? Never [ ]
      Sometimes [ ]
      Most of the time [ ]
   4 Display aggression towards self or others? Never [ ]
      Sometimes [ ]
      Often [ ]
   5 Display disinhibited behaviour? Never [ ]
      Sometimes [ ]
      Often [ ]

17 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 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?
   No [ ] Go to next question
   Yes [ ] Identify the information and state why it should not be
   released.

Please return this report directly to the Department of Human Services.

18 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

19 IMPORTANT INFORMATION

   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.
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.