

 This form gathers information from a doctor or psychologist about a person's mental capacity in relation to a guardianship or administration



## MEDICAL OR PSYCHOLOGICAL REPORT FORM

### Mental Capacity *Guardianship and Administration Act 1993*

<b>What to do</b>	Ask a doctor or psychologist to complete this form and provide to SACAT by: <ul style="list-style-type: none"> <li>• email <a href="mailto:sacat@sacat.sa.gov.au">sacat@sacat.sa.gov.au</a> or</li> <li>• post to SACAT, GPO Box 2361 ADELAIDE SA 5001</li> </ul> Go to the 'Guardianship and Administration' sections of <a href="http://www.sacat.sa.gov.au">www.sacat.sa.gov.au</a> if you would like to complete and submit this form electronically.
<b>Why</b>	This form provides supporting information for a guardianship or administration order.
<b>Any questions?</b>	Call us on 1800 723 767

### Medical or psychological report

The applicant for an order or for the variation or revocation of an order, under the *Guardianship and Administration Act 1993* must submit a medical report about the person in support of their application. The Tribunal also requires an updated report on any review of orders under s 57 *Guardianship and Administration Act 1993*. SACAT provides template documents on its website for this purpose.

The South Australian Civil and Administrative Tribunal (SACAT) requires written evidence from a doctor or psychologist about the person's mental capacity and how this affects the person's ability to make decisions.

The Tribunal will use this evidence to assist in determining whether the person suffers from a mental incapacity.

**Mental incapacity** as defined in the Act means the inability of a person to look after his or her own health, safety or welfare or to manage his or her own affairs as a result of-

- any damage to, or any illness, disorder, imperfect or delayed development, impairment or deterioration of the brain or mind, or
- any physical illness or condition that renders the person unable to communicate his or her intentions or wishes in any manner whatsoever.

Regrettably, SACAT is not able to arrange for payment for the completion of this document, or for the provision of any other report. The completion of this form will assist SACAT to make prompt and informed decisions without the necessity for professionals to give evidence in person. This is a protective jurisdiction and SACAT appreciates the assistance of health professionals. If a medical or health professional intends to charge a small fee for this service the account will need to be forwarded to the subject person or to their administrator, or to the applicant if this is a family member.

#### ATTENTION MEDICAL PRACTITIONERS / PSYCHOLOGISTS

This report will be used as evidence in proceedings in the guardianship and administration jurisdiction of SACAT. Medical practitioners and other health professionals providing expert evidence to SACAT have the same protections, privileges and immunities as witnesses in proceedings before the Supreme Court of South Australia (s 79(5) and s81 *SACAT Act*). If you have any concerns about completing this form or releasing it, it is recommended that you contact your medical defence association/professional association for advice.

A health professional may not have the person's consent to complete this form and/or may not be able to obtain it due to the person's impaired cognitive capacity. If you do not have your patient's consent to complete the form or to provide the completed form to the applicant, or if you have any other concerns about the **confidentiality** of the person's medical information, the completed form can be sent direct to SACAT via email or post. Alternatively, in some circumstances, SACAT can issue a summons to you for the provision of the medical evidence.

## 1. Details about the person subject to the application

Title  Ms  Mr  Mrs  Dr **Other (please specify)**  
Given name(s) **Family name**  
Date of birth / / **Gender**  Male  Female  
**Address**

## 2. Details of the doctor or psychologist

Title  Ms  Mr  Mrs  Dr **Other (please specify)**  
Given name(s) **Family name**  
Postal address  
Suburb **State** **Postcode**  
Telephone **Mobile**  
Email

What are your qualifications?

What is your professional relationship to the person?

How long have you known the person? **Date you last saw the person**

How many times have you seen the person in the past 12 months?

Is the person usually accompanied by another person when you see them?

No  Yes, please provide details

## 3. Medical, psychiatric or psychological condition

**Does the person have a medical, psychiatric or psychological condition affecting their brain or mind or their ability to communicate namely:**

- a) damage to, or any illness, disorder, imperfect or delayed development, impairment or deterioration of the brain or mind; or**
- b) any physical illness or condition that renders the person unable to communicate his or her intentions or wishes in any manner whatsoever;**

**Yes**, proceed to number 4  **Unsure**, please explain below  **No**, please explain below

If you are unsure or you have answered in the negative please provide your explanation in the space provided below

#### 4. Specifics of condition

Please tick

- Dementia       Intellectual disability       Brain damage from trauma       Mental health condition       Other

Specific diagnosis and deficits (*attach another sheet if necessary*):

Approximately how long has the person had the condition?

Is the person's condition     Mild     Moderate     Severe

Is the person's condition     Static     Fluctuating     Deteriorating     Likely to Improve

#### 5. Effect of condition on the person's circumstances and decision-making ability

Does the person experience deficits in particular areas by reason of the stated condition?

- Orientation to person, place or time     Insight about extent of condition and level of impairment  
 Expressive communication     Receptive communication  
 Planning and reasoning skills  
 Impulse control  
 Susceptibility to influence/suggestibility

Provide details of the person's impulse control or suggestibility

In your opinion, can the person understand and make a reasoned decision about the following?

- Personal health and medical care                       Yes     No     Unsure  
Accommodation choices                                       Yes     No     Unsure  
In-home care and support services                       Yes     No     Unsure  
Personal lifestyle decisions /access                       Yes     No     Unsure  
Non complex financial decisions                       Yes     No     Unsure  
Complex financial decisions/legal affairs                       Yes     No     Unsure

Please expand and comment on the general social, emotional and physical abilities of the person?

## 6. Assessments

What tests or examinations have been conducted to support your diagnosis and your opinion about decision making ability (e.g. MMSE, MoCA, FAB, etc., psychological assessments, brain scans, organic testing, interview with person, family or caregivers)?

Please provide details of who you interviewed and the results and dates of any assessments

Do you recommend any further assessments for the person?

- No  
 Yes, please specify below  
 Neuropsychological  Psychiatric  Geriatrician  Other, please specify below

If the person is older than 65, has the person had an ACAT assessment?

- No  Yes  Unsure  Not applicable

## 7. Communication issues

Are any of the below relevant to the person? Please tick as appropriate and provide relevant details below

- Speaks English  Requires an interpreter  
 Has a hearing impairment  
 Uses sign language  Uses gestures to communicate  Looks and gazes only  
 Uses Makaton or other non-verbal communication systems (e.g. *facilitated, board/book*)  
 Cannot communicate in any way, please specify below  
 Other (e.g. aphasia, dysphasia or behavioural issues) please specify below

## 8. Views about the application

Has the person ever expressed to you any views that may be relevant to this application? Provide details:

## 9. Participation of person in hearing

In your opinion, at the hearing, do you consider that the person will be:

- Incapable of making a contribution or of expressing their wishes
- Capable of making a limited contribution and/or of expressing their wishes
- Capable of making a significant contribution and of expressing their wishes

The person has the right to attend and participate in the hearing as this may affect their rights to make decisions about aspects of their life.

If they can communicate then the person's cognitive impairment, potential distress, or the practical difficulties in bringing them to the hearing are not generally sufficient reasons to prevent their participation.

However, if you are concerned that the person's attendance would be detrimental to their health or wellbeing please indicate below and state the reasons for your opinion:

Is there a physical or medical reason that would prevent the person from attending a hearing at SACAT?

- No  Yes, please specify below

## 10. Declaration (please tick and provide details as appropriate)

I declare that the comments and opinion expressed in this form are my own and fall within my area of expertise and/or are based upon information provided to me by other treating specialists or health professionals namely;

Signature

Date

 **sacat.** South Australian  
Civil and Administrative Tribunal

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