

For office use only	
Case number and type:	
Date:	
Registry:	

## Health professional report

Refer to the attached instructions prior to filling out this form

Part A BASIC INFORMATION ABOUT THE ADULT			
<b>Name</b>			
<i>Title</i>	<i>Given name/s</i>	<i>Middle name/s</i>	<i>Surname/Family name</i>
<b>What is the Adult's date of birth?</b>			
	/	/	
<i>Date</i>	<i>Month</i>	<i>Year</i>	
<b>QCAT client number:</b> <i>(if known)</i>			

**Part B**

**DETAILS ABOUT THE PROFESSIONAL COMPLETING THIS FORM**

If more than one person, please attach additional person/s contact details as per **Part J** 'Source of information'.

Name

*Title*

*Given name/s*

*Surname/Family name*

Professional qualifications

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

[Stamp here]

**1. In what capacity do you know the Adult, e.g. GP, medical specialist, social worker  
(please specify area of speciality)**

**2. How long have you known the Adult?**

**3. When did you last see the Adult?**

**4. Is the Adult usually accompanied by somebody else when you see them?**

Yes - please give details

No

**Part C INVOLVING THE ADULT**

**1. Who has approached you to fill out this form?**


**2. Have you discussed the request for information with the Adult in question?**

Yes - what are the Adult's view about their ability to make decisions?

No - why have you been unable to discuss this request?


**Part D INFORMATION ABOUT THE ADULT'S HEALTH AND CAPACITY**

**1. What are the Adult's current medical conditions? Date of onset**

What are the Adult's current medical conditions?	Date of onset

**2. Please list the Adult's current medications.**


**Part D** **INFORMATION ABOUT THE ADULT'S HEALTH AND CAPACITY**  
*(continued)*

**3. Which (if any) of these medications are used primarily to control the Adult's behaviour as opposed to treating a diagnosed mental illness or physical condition?**


**4. Is any of the Adult's medication likely to affect their decision-making capacity?**

Yes - please list the medication and treatment application

No


**5. In your opinion, are there any other factors that affect the Adult's ability to make decisions, e.g substance abuse, non-compliance with medication, family support?  
*(please comment)***


Part D

**INFORMATION ABOUT THE ADULT'S HEALTH AND CAPACITY**  
*(continued)*

**6. As far as you are aware, is the Adult subject to one of the following?**

- a forensic order  
(please attach a copy of the order if available to you)
  
- a treatment authority  
(please attach a copy of the order if available to you)

**7. Have any cognitive assessments been performed, e.g. Mini-Mental State Exam (MMSE), psychological assessments?**

- Yes - please attach a copy and indicate assessments and results known to you
- No

**8. Are there reports available from other health professionals related to capacity?**

- Yes - please provide copies. If you are unable to provide copies, please advise how the Tribunal can obtain them.
- No

**Part E**

**DECISION-MAKING**

**To what extent does the Adult have the ability to understand and act on information relevant for making decisions and to what extent does the Adult appreciate the consequences of the decision or lack of decision regarding the following? *(please comment and give examples)***

**1. Personal health care**


**2. Lifestyle and accommodation choices**


**3. Financial affairs, e.g. to what extent is the Adult capable of operating a bank account, budgeting, paying bills, planning for the future, understanding the consequences of not paying bills and undertaking legal and financial transactions?**


**4. In your opinion, is the Adult capable of making decisions freely and voluntarily?**

Yes      No

**5. In your opinion, is the Adult influenced either positively or negatively by any specific person/persons? *(please comment)***


**Part F**

**RESTRICTIVE PRACTICES** *(does not apply to aged care services) e.g. containment, seclusion, chemical/physical/mechanical restraint, restricting access to objects*

**1. What restrictive practices are being used, or are intended to be used?**


**2. Do you consider the use or intended use of restrictive practices is appropriate, and if so why?**


**3. To what extent does the Adult have the ability to understand and act on information relevant for making decisions about the use of restrictive practices on the Adult, and to what extent does the Adult appreciate the consequences of a decision or lack of decision regarding the use of restrictive practices on the Adult to prevent harm to the Adult or others?**


**Part G COMMUNICATION**

**1. Does the Adult have impairment/s that affect their receptive or expressive communication?**

Yes - please specify

No

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**2. How does the Adult communicate their needs, views, wishes and preferences?  
Please tick:**

- uses speech with gestures
- uses Makaton or other non-verbal communication systems (e.g. facilitated, board or book)
- uses gestures to communicate
- looks and gazes only
- other - please specify

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**3. Does the Adult require a translator, interpreter or communication support person?**

Yes - please specify

No

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**Part H ENDURING POWER OF ATTORNEY (EPA)**

**Assessment of the Adult’s understanding.**

Do you consider that the Adult currently understands:

They can limit the types of decisions their attorney can make	Yes	No
When the attorney’s power begins	Yes	No
The attorney can make all decisions given to them in the EPA	Yes	No
The Adult is able to revoke the EPA provided they have the capacity to do so	Yes	No
The attorney can use their power even after the Adult loses capacity	Yes	No
Once the Adult loses capacity, they are unable to oversee the use of the power	Yes	No



Part I

**SUMMARY**

**1. In your opinion, can the Adult understand and make their own decision about the following?**

*A simple decision would be one requiring the Adult to consider choices about day-to-day life, whereas a complex decision would require the Adult to consider choices which may have long term consequences.*

	Complex decisions		Simple decisions	
	Yes	No	Yes	No
Personal/health care	Yes	No	Yes	No
Lifestyle/accommodation choices	Yes	No	Yes	No
Financial affairs	Yes	No	Yes	No
The use of restrictive practices <i>(please only complete if; a) restrictive practices are being used or are intended to be used and b) you have responded to question 3 in Part F)</i>	Yes	No	Yes	No

**2. What do you believe is the cause of the Adult’s impaired decision-making capacity?**

*(Please tick one or more boxes)*

- dementia (mental confusion due to a condition such as Alzheimer’s disease, senility or some other degenerative disease)
- psychiatric disability/mental illness (a diagnosed condition such as schizophrenia or bi-polar affective disorder)
- intellectual disability (a condition that has affected the person since birth or early childhood)
- acquired brain injury or cognitive disability (as a result of accident, illness or other causes)
- drug or alcohol related
- other (any other condition that reduces the ability to make decisions about personal or financial matters, please specify below)

**3. What is the history of the Adult’s condition *(as ticked above)***


**4. Do you think the Adult would be able to participate in:**

- |  |     |    |
|--|-----|----|
| a) a discussion about their decision-making ability?   | Yes | No |
| b) a discussion about whether another person should be appointed to make decisions for them? | Yes | No |

## ACCESS TO INFORMATION

Active parties in a proceeding have a right to access documents and information provided to the Tribunal that are relevant to an issue in the proceeding. Only a confidentiality order made by the Tribunal may displace this right. A confidentiality order may only be made if the Tribunal is satisfied that an order is necessary to avoid:

- serious harm to a person (which includes significant health detriment), or
- injustice to a person.

If you consider that a confidentiality order is necessary to avoid serious harm or injustice to a person, you will need to apply to the Tribunal for a confidentiality order. Information about confidentiality orders, other limitation orders and guardianship and administration factsheets are available on the QCAT website at [qcat.qld.gov.au](http://qcat.qld.gov.au) or call the QCAT registry on 1300 753 228.

## WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information. Maximum penalty for such an offence – 100 penalty units.

## Sign and date here

I confirm that I completed this form from my own knowledge, except in respect of sections  
*(insert relevant section numbers)*

for which the person mentioned in Part J was the source of the information.  
*(only sign once the entire document is completed)*

Sign here

Date

Print your name here

## Part J

## SOURCE OF INFORMATION

Name

*Title*

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

## INSTRUCTIONS FOR COMPLETING THIS REPORT

You have been asked to complete this form to provide information to QCAT.

The Tribunal is an independent body that can authorise and review the use of restrictive practices for adults with intellectual or cognitive disability and challenging behaviours, appoint guardians to make decisions about personal/ lifestyle/health matters and provide consent for restrictive practices, and appoint administrators to make decisions about financial and property matters for an adult with impaired decision-making capacity.

Before the Tribunal can make any appointment, it must be satisfied that the Adult has impaired decision-making capacity for the particular decisions that the Adult needs to make. Comprehensive information about the capacity of an Adult is required to assist the Tribunal.

### What is capacity and impaired decision-making capacity?

Under the *Guardianship and Administration Act 2000*, 'capacity' means a person is capable of:

- a) understanding the nature and effect of decisions about the matter (such as lifestyle or financial matters)
- b) freely and voluntarily making decisions about the matter, and
- c) communicating the decisions in some way.

Guidelines for assessing decision-making capacity have been developed to assist persons who are required to assess the capacity of Adults to make decisions. The capacity guidelines can be accessed at: [Guidelines for assessing decision-making capacity](#).

### What are restrictive practices?

A restrictive practice for an Adult with an intellectual or cognitive disability means:

- a) containing (physically preventing the free exit of the Adult from premises where the Adult receives disability services, other than by secluding the Adult, in response to the Adult's behaviour that causes harm to the Adult or others)
- b) secluding (physically confining the Adult alone, at any time of the day or night, in a room or area from which free exit is prevented in response to the Adult's behaviour that causes harm to the Adult or others)
- c) using chemical restraint (the use of medication for the primary purpose of controlling the Adult's behaviour in response to the Adult's behaviour that causes harm to the Adult or others)
- d) using mechanical restraint (the use, for the primary purpose of controlling the Adult's behaviour, of a device in response to the Adult's behaviour that causes harm to the Adult or others to restrict the free movement of the Adult or prevent or reduce self-injurious behaviour)
- e) using physical restraint (the use, for the primary purpose of controlling the Adult's behaviour, of any part of another person's body to restrict the free movement of the Adult in response to the Adult's behaviour that causes harm to the Adult or others)
- f) restricting access (restricting the Adult's access, at a place where the Adult receives disability services, to an object in response to the Adult's behaviour that causes harm to the Adult or others to prevent the Adult using the object to cause harm to the Adult or others).

The person completing this form must be able to give expert opinion about the Adult's capacity to make decisions. Please answer each question as comprehensively as possible to ensure the Tribunal has appropriate information on which to make decisions.

If you have any queries about the form, you should visit the QCAT website at [qcat.qld.gov.au](http://qcat.qld.gov.au) or call the QCAT registry on 1300 753 228.