

Instructions for completing

Report by medical and related health professionals – *Guardianship and Administration Act 2000*

You have been asked to complete this form to provide information to the Queensland Civil and Administrative Tribunal. 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 restrictive practices, and appoint administrators to make decisions about financial and property matters for an adult with impaired decision-making capacity. Before the tribunal will make any appointment, it must be satisfied that the adult does not have capacity to make all or some decisions for themselves. Comprehensive information about the capacity of an adult is required to assist the tribunal in its deliberations.

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.

Capacity is determined by whether individuals can understand and appreciate information, not whether they can merely perform tasks. People may lack capacity for, and within, some domains, but retain capacity for others. For example, a person could be capable of making personal decisions and simple financial decisions but incapable of making complex financial decisions.

Impaired decision-making capacity is the inability to understand information relevant to making a decision and to appreciate the reasonably foreseeable consequences of a decision, or the inability to freely and voluntarily make decisions or the inability to communicate the decisions in some way.

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

Instructions for completing *(continued)*

Completion of this form

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. Please talk to staff at the tribunal if you have any queries about the form and its content, phone 1300 780 666 or email enquiries@qcat.qld.gov.au. More information is also available on the QCAT website: qcat.qld.gov.au.

Thank you for your time in completing this form. Your assistance is greatly appreciated.

LODGEMENT DETAILS

Deliver to	Mail to	Fax to	Email to
Queensland Civil and Administrative Tribunal Floor 9, 259 Queen Street Brisbane Qld 4000 or at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	(07) 3221 9156	applications@qcat.qld.gov.au

Please remove this cover page before lodgement.

Report by medical and related health professionals – *Guardianship and Administration Act 2000*

Please refer to attached instructions at the front of this application prior to filling out this form.

For office use only

Case number and type	
Adult number	
Date	
Registry	
Sent to	

1. Basic information about the adult

Name

Title

Given name/s

Surname/Family name

How old is the adult?

Years

What is the adult's date of birth?

Day

Month

Year

QCAT adult or case number (if known)

2. Details about the professional completing this form

If more than one person, please attach additional person/s contact details as per question '12. Source of information' on the back page.

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Title</i>	<i>Given name/s</i>	<i>Surname/Family name</i>

Your qualifications

Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>

Telephone

<input type="text"/> ()	<input type="text"/> ()	<input type="text"/>
<i>Home</i>	<i>Business</i>	<i>Mobile</i>

Fax

 ()

Email

2.1 In what capacity do you know the adult, e.g. GP, specialist, social worker?

(please specify)

2.2 How long have you known the adult?

2.3 When did you last see the adult?

2.4 Is the adult usually accompanied by somebody else when you see them?

- Yes – If yes, please provide details
- No

3. Involving the adult

3.1 Who has approached you to complete this form?

--

3.2 Have you discussed the request for information with the adult in question?

Yes – what are the adult's views about their ability to make decisions?

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

4. Information about the adult's health and capacity

4.1 What are the adult's current medical conditions?

Date of onset

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

4.2a Please list the adult's current medications

4.2b 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?

4.3 In your opinion, are there any other factors that affect the adult's ability or inability to make decisions (substance abuse, non-compliance with medication, family support)? *(please comment)*

4.4 As far as you are aware, is the adult subject to treatment authorities under the *Mental Health Act 2016*?

Yes No

As far as you are aware, is the adult subject to a forensic order under the *Mental Health Act 2016*?

Yes No

4.5 Is any of the adult's medication likely to affect their decision-making capacity?

Yes – please list the medication and treatment application

No

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

- Yes – please indicate assessments and results known to you
- No

4.7 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

5. Decision-making

5.1 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)*

5.1.1 Personal health care

5. Decision-making

5.1.2 Lifestyle and accommodation choices

5.1.3 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?)

5.2 In your opinion, is the adult capable of making decisions freely and voluntarily?

Yes No

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

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

6.1 What restrictive practices are being used, or are intended to be used?

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

6.3 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?

7. Communication

7.1 Does the adult have impairment(s) that affect their receptive or expressive communication?

- Yes - please specify
 No

7.2 How does the adult communicate their needs and wishes? Please tick:

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

7.3 Does the adult require a translator, interpreter or communication support person?

- Yes - please specify
 No

8. Enduring power of attorney (EPA)

8.1 Please tick one.

- The adult executed an enduring power of attorney on .
(Please answer question 8.2 as an assessment of the adult's understanding as at this date.)
- To my knowledge the adult has not executed an EPA.
(Please answer question 8.2 as an assessment of the adult's understanding as at today's date.)

8.2 Do you consider that the adult understands/understood...

- 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 decision 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

9. Summary

9.1 In your opinion, can the adult understand and make their own decision about the following?

9.1.1 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	
Personal health care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifestyle/accommodation choices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The use of restrictive practices (please only complete if: a) restrictive practices are being used, or are intended to be used and b) you have responded to question 6.3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Summary

9.1.2 If not, what do you believe is the cause of the adult's impaired decision-making capacity?

(tick one or more boxes)

- acquired brain injury/cognitive disability
- intellectual disability
- psychiatric disability/mental illness
- dementia or related disorders
- other (please give details)

What is the history of the adult's condition? (as ticked above)

9.2 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 personal decisions for them? Yes No

10. Accessibility of 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 tribunal confidentiality order may displace this right. A confidentiality order can only be made if the tribunal is satisfied that it is necessary to avoid:

- serious harm (which includes significant health detriment to the person), 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 for the document or information. Information about confidentiality orders, limitation orders and guardianship and administration fact sheets is available on the tribunal website, qcat.qld.gov.au. You can also call the tribunal on 1300 753 228 or email enquiries@qcat.qld.gov.au.

11. Signature

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 section 12 was the source of information.

(only sign once entire document is completed)

Signature

Date

12. Source of information

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

()

Home

()

Business

Mobile

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.