

MEDICAL REPORT TEMPLATE GUARDIANSHIP LIST

ABOUT VCAT

The Victorian Civil and Administrative Tribunal (VCAT) resolves disputes and makes decisions. VCAT's Guardianship List of the Human Rights Division hears applications for the appointment of supportive and substitute decision makers such as guardians and administrators. It also hears applications about other matters including applications about enduring powers of attorney and the appointment of medical treatment decision makers.

For more information visit www.vcat.vic.gov.au/guardianship.

For more information on how to complete this report, email humanrights@courts.vic.gov.au.

WHY WE NEED A MEDICAL REPORT

VCAT requires a medical report as evidence from a medical practitioner about a person's decision-making capacity. The report needs to cover whether a person has a disability and whether the person does or does not have decision-making capacity about:

- their personal or financial matters;
- making or changing an enduring power of attorney;
- appointing a medical treatment decision maker.

As a medical practitioner, the information you provide is vital.

Your report will allow VCAT to determine issues that are critical to whether VCAT should make an order that will protect the rights, life, health, safety, financial security, or personal well-being of vulnerable people.

This form is offered to practitioners to ensure the process of providing a medical report is as streamlined and simple as possible. A medical report may be provided in another format if the practitioner wishes. However, the criteria provided in this form must be sufficiently addressed to enable us to make the assessment described above.

AUTHORITY FOR REQUEST & IMMUNITY

VCAT has the authority to request this information under the *Victorian Civil and Administrative Tribunal Act 1998 (VCAT Act)* including Clause 35 of Schedule 1. We appreciate the assistance of practitioners in providing this essential service to vulnerable Victorians and the broader Victorian community.

By providing VCAT a medical report, a medical practitioner is taken to be giving evidence as a witness within the meaning of s 143(4) of the VCAT Act. This section provides that a person appearing as a witness before VCAT has the same protection and immunity as a witness has in proceedings in the Supreme Court. This immunity refers to the protection of an expert witness from legal action being taken against them for any evidence they give to a court. This immunity extends to any statement which the expert witness gives for the purpose of giving evidence, including evidence given in a report.

COSTS INCURRED BY PRACTITIONERS

We do not provide payment for medical reports and notes that if practitioners intend to charge a private fee for the service, the account should be sent to the person or their administrator, attorney, or family member.

ASSESSING DECISION-MAKING CAPACITY

A medical professional assessing decision making capacity must take reasonable steps to conduct the assessment at a time and in an environment where the person's decision making capacity can be assessed most accurately.

PERSON DETAILS

1. Enter the details of the person you are completing a medical report about.

Title (Ms/Mr/Mrs/Dr, etc.)

Person's name (please print)

Date of birth (DD/MM/YYYY)

Address

VCAT reference number (if known)

G

BACKGROUND INFORMATION

2. In what capacity do you know the person?

General practitioner

Specialist, please specify:

Other, please specify:

3. Are you the person's regular medical practitioner?

Yes, skip to Question 5

No

4. Provide contact details of the person's regular medical practitioner (if known):

5. How long have you been the person's medical practitioner?

6. When did you last see the person and was it in person?

7. Is the person usually accompanied by someone else when you see them?

Yes

No

If yes, provide details:

DETAILS ABOUT THE PERSON'S DISABILITY

8. Does the person have a disability (neurological impairment, intellectual impairment, mental disorder, brain injury, physical disability, or dementia)?

Yes No

9. Provide details of the diagnosis and history of the person's disability and a copy of any relevant medical reports from other medical practitioners.

Provide details and dates of any tests, examinations, or assessments performed by you or others, including other medical practitioners or neuropsychologists.

10. How long has the disability been evident?

years months

11. What is the current status of the disability?

Permanent Progressive Fluctuating Improving

CURRENT DECISION-MAKING CAPACITY OF THE PERSON

Personal matters (Guardianship orders)

12. Does the person have decision-making capacity about personal matters such as where they will live, their medical treatment or the services they require?

- Yes, because they can:
- understand and remember information relevant to making a decision and the effect of the decision; and
 - retain that information to the extent necessary to make the decision; and
 - use or weigh that information as part of their decision making process; and
 - use and communicate the information to make a decision and to express their views and needs.

No, because due to their disability the person is unable to do one or more of the above.

Explain how you formed your opinion about the person's decision-making capacity (eg. tests, assessments and other medical practitioners' opinions). Specify the personal matter/s the person is unable to make decisions about:

- where the person will live
- a particular medical treatment decision or decisions
- services or supports they may need
- other (specify)

Include details and dates of any tests, examinations or assessments.

Financial and property affairs (Administration orders)

13. Does the person have decision-making capacity about their financial and property affairs including legal matters? (Note that the complexity of the person's financial affairs may be relevant when expressing your opinion.)

Yes, because they can:

- understand and remember information relevant to making a decision and the effect of the decision, and
- retain that information to the extent necessary to make the decision, and
- use or weigh that information as part of their decision making process, and
- use and communicate the information to make a decision and to express their views and needs.

No, because due to their disability the person is unable to do one or more of the above.

Explain how you formed your opinion about the person's decision-making capacity, eg. tests, assessments and other medical practitioners' opinions.

Include details and dates of any tests, examinations or assessments.

SUPPORTED DECISION-MAKING

VCAT must consider whether to appoint a supportive administrator or guardian for the person.

It can only do so if the person meets all the following criteria:

- has a disability; and
- consents to VCAT making the order; and
- will have decision-making capacity for the particular personal or financial matter if given practicable and appropriate support (for example, support to access, collect or communicate information, or to do what is reasonably necessary to give effect to a decision).

14. If you have any comments about this option, include them here:

ENDURING POWER OF ATTORNEY

A person is considered to have decision making capacity to make an enduring power of attorney if the person is able to:

- understand the information relevant to the decision and the effect of the decision;
- retain that information to the extent necessary to make the decision;
- use or weigh that information as part of the process of making the decision; and
- communicate the decision and the person's views and needs as to the decision in some way, including by speech, gestures, or other means.

15. Does the person currently have the decision making capacity to make an enduring power of attorney?

Yes No

Explain how you formed your opinion about the person's capacity to make an enduring power of attorney, eg. tests, assessments and other medical practitioners' opinions.

Include details and dates of any tests, examinations or assessments.

16. Has the person given an enduring power of attorney?

Yes No, skip to Question 20 Don't know, skip to Question 20

17. When was the enduring power of attorney made?

Date (DD/MM/YYYY)

Don't know

18. Did you know the person at this time?

Yes No

19. Did the person have capacity to make an enduring power of attorney at that time?

Yes No Don't know

MEDICAL TREATMENT PLANNING AND DECISIONS

Medical treatment decision maker or support person

20. Has the person appointed a medical treatment decision maker or support person?

- Yes No, skip to Question 25 Don't know, skip to Question 25

21. When was the medical treatment decision maker or support person appointed?

Date (DD/MM/YYYY)

- Don't know

22. Did you know the person at this time?

- Yes No

23. Were you involved in the process when the person appointed a medical treatment decision maker or support person?

- Yes No

24. Did the person have capacity to appoint a medical treatment decision maker or support person at that time?

Refer to the notes above Question 15.

- Yes No Don't know

25. Does the person currently have the capacity to appoint a medical treatment decision maker or support person?

- Yes No

OTHER FACTORS THAT MAY AFFECT DECISION-MAKING

26. In your opinion, are there any other factors that could potentially be impacting on this person's decision-making capacity?

For example, vulnerability to influence from others, other (please specify).

27. Do you have any other comments about the person's prognosis, disability or any other observations that may be relevant?

PERSON PARTICIPATION IN THE HEARING

28. Having regard to the person's condition, would they be able to attend a VCAT hearing either in person, by video link, or by phone?

Answer 'Yes' if they can attend if they are assisted by another person to attend the VCAT hearing in any of these ways.

Yes No

If no, state your reasons for this opinion. If yes, in what way could they attend?

29. Does the person require an interpreter?

Yes No

If yes, specify language or dialect:

30. Does the person have difficulty communicating?

Yes No

If yes, explain:

DETAILS OF MEDICAL PRACTITIONER

31. Enter your details:

Title Prof Dr Mr Ms Mx

Name (please print)

Qualifications

Provider number

Name of clinic

Street address

Suburb

State

Postcode

Clinic or medical practitioner's contact number

Provide your contact number in case a VCAT representative needs to contact you during or prior to the person's VCAT hearing for further information.

Contact number

32. Would you like to receive a Notice of Hearing about this matter?

- Yes No

ACKNOWLEDGEMENT

By completing this application, I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct
- it is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT.

Signature:

Date:

SUBMITTING THIS REPORT

Thank you for your time in completing this document. VCAT appreciates this community service.

Please submit this completed report, with all questions answered, to VCAT either by email or by post.

By email

Email humanrights@vcat.vic.gov.au

By post

Send this report to:

The Registrar
Guardianship List
Victorian Civil and Administrative Tribunal
GPO Box 5408 Melbourne VIC 3001