

Health Professional Report Template

A health professional (e.g., general practitioner, medical specialist, social worker) may complete this form to accompany an Application under the *Guardianship and Management of Property Act 1991*. This template may be used as a guide to assist health professionals. A report or clinical assessment can be provided in a different format, if preferred.

ACAT File number
(if known)

1. Information about the person

Provide the details of the person you are completing the report about.

Full name

Date of birth

2. Information about you

Provide your details.

Full name

**Occupation and/or
professional
qualifications**
(please outline)

**Organisation or practice
name**

Postal address

Email

Telephone

3. What is your professional relationship to the person?

**In what capacity do you know the
person?**

**How long have you known the
person?**

How often do you see the person?
(e.g. weekly, fortnightly, monthly, once
in three months)

When did you last see the person?

**Is the person usually accompanied
by someone else when you see
them?** (If yes, provide details of who
and their relationship to the person)

4. Medical information about the person

Does the person have impaired decision-making ability? Yes No

Please indicate what you believe is the cause of the person's impaired decision-making ability:

- Acquired brain injury**
- Dementia**
- Intellectual disability**
- Mental illness**
- Other medical condition** (please specify below)

Please state specific diagnosis
(if known)

Please state severity of condition
(e.g. mild, moderate, severe)

Please state the nature of condition
(e.g. static, fluctuating, progressing
slowly/rapidly, deteriorating,
improving)

**How long has the person had this
condition?**
(if known)

Please provide any other relevant information.

Does this condition affect the person's capacity to make informed decisions about the following:

- Accommodation**
- Education or training**
- Work**
- Health and medical care**
- Care services including in home care and support services**

- Legal proceedings**
- Financial affairs**
- Welfare**
- Other**

Please provide details.

Has the person's cognitive ability been assessed? Yes No

If yes, please provide details regarding the nature and date of the assessment/s and the results (please attach copies of any reports or assessments).

Please state any other medical conditions that the person has and any other current medication or other treatment.

Is the person's medication likely to affect their decision-making ability? Yes No

If yes, please provide details.

5. Other relevant information

a) Please provide any other information which you believe may assist the ACAT in determining the application.

b) Does the person have limitations in communicating? If yes, please provide details.

c) Would attending the hearing be detrimental to the person's health or wellbeing? If yes, please provide the reasons for your opinion.

d) Has the person expressed to you any views that may be relevant to this application?

e) Please provide any information about the person's family background and/or history.

f) Please tell us:

1. Are there any risks/likely to be any risks to the person's health, wellbeing, or property?
2. Are you concerned that the person's needs will not be met, or that their interests will be significantly adversely affected, if a guardian and/or manager is not appointed?

g) Does the person have any current supports?

6. Signature

By signing this application, I certify:

- a. The information provided in this application is true to the best of my knowledge and belief.
- b. I understand that a copy of this report and any attachments will be provided to all parties and their representatives, unless the ACAT orders otherwise.

Signature of report writer

Full name of person signing

Date

Contact ACAT

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