

# Prescribed Medical Procedure Report Template

A health professional (e.g., general practitioner, medical specialist, social worker) may complete this form to accompany an application for a prescribed medical procedure under section 70 of 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.

<b>Full name</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>

## 2. Information about you

Provide your details.

<b>Full name</b>	<input type="text"/>
<b>Professional qualifications</b> (please outline)	<input type="text"/>
<b>Organisation or practice name</b>	<input type="text"/>
<b>Postal address</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>

## 3. What is your professional relationship to the person?

<b>In what capacity do you know the person?</b>	<input type="text"/>
<b>How long have you known the person?</b>	<input type="text"/>

**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

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

**Please indicate what prescribed medical procedure you are seeking:**

- A medical procedure concerned with contraception
- A hysterectomy
- Reproductive sterilisation
- An abortion
- Removal of non-regenerative tissue for transplantation to the body of another living person (please specify the relationship between the 2 people)
- Any other medical or surgical procedure (please specify below)

b) Please provide any other relevant information:

c) Is the person competent to give consent?  Yes  No

d) If no, is the person likely to become competent in the  
foreseeable future?  Yes  No

Please provide any other relevant information:

e) What are the wishes of the person (so far as they can be ascertained)?

f) What would happen if the prescribed medical procedure was not carried out?

g) What alternative treatments are available?

h) Can it be postponed because better treatments may become available?

## 5. Other relevant information

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

## 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 author**

**Full name of person signing**

**Date**

### Contact ACAT

**Telephone** (02) 6207 1740

**Email** [tribunal@act.gov.au](mailto:tribunal@act.gov.au)

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CANBERRA CITY ACT 2601

**Post** ACT Civil and Administrative Tribunal (ACAT)  
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CANBERRA ACT 2601