

Carer Payment and Carer Allowance – Medical Report (SA431) for a child under 16 years

Child's details

You will need to provide a separate report for each child – contact us if you require additional reports.

Name MAVERICK STO. DOMINGO
Date of birth 07/12/2005 CRN - - -

Carer's details

Name LEONORA STO. DOMINGO
Address 22 REGENT CLOSE
TAIGUM, QLD Postcode 4018
Date of birth 05/02/1964 CRN 421 - 695 - 726 - 14
Daytime phone number (04) 337 98663

This report must be completed by one of the following health professionals who are currently involved in the treatment of the child:

- a legally qualified medical practitioner
- a registered nurse
- a physiotherapist
- a registered psychologist
- an occupational therapist
- a speech pathologist, or
- an Aboriginal health worker (in a geographically remote area)

Instructions for the parent/guardian (carer)

- 1 Complete the details above.
- 2 Make an appointment with the Treating Health Professional. When you make your appointment, please let the receptionist know that you will need this report completed.

The time taken to complete this report may be claimed by the treating doctor of the child under a Medicare item when included as part of a consultation. You may only be able to claim the consultation fee for other health professionals under private health insurance. If the Treating Health Professional does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.

- 3 Privacy and your personal information.
Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.
Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).
You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy
- 4 Read and sign this authority to release information.
 - I give permission for medical details and clinical notes about the child to be supplied to the Australian Government Department of Human Services.
 - I understand that the report will be used to assist in assessing a claim for Carer Allowance for current and future carers and may need to be released to that person(s) by the Australian Government Department of Human Services.

Carer's signature

Date

[Signature]

08/11/2018

- 5 Give this report to the child's doctor or Treating Health Professional to complete.

Instructions for the Treating Health Professional

This report may be used to decide eligibility for Carer Payment and Carer Allowance and Special Disability Trust beneficiary status.

Payment for your report

We have asked the carer of the child to let you know at the time of making their appointment that they require you to complete this report. This is to make sure you have sufficient time for the examination. The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation.

Completing this report

In this report you will be asked to provide details of the child's medical condition(s). Please complete all the required questions in this report. If you have any questions about this report, you can call us on **132 717**.

Carers with more than one child with a disability or medical condition

Carer Payment

Carers may qualify for a single rate of Carer Payment for two or more children **OR** one or two children and a disabled adult whose combined care assessment meets the eligibility requirements. A separate report will be required for each child.

Carer Allowance

Carers may qualify for a single rate of Carer Allowance for two children whose combined assessment meets the eligibility requirements for payment. A separate report will be required for each child.

Thank you for your assistance



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Carer Payment is an income support payment that provides support to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment.

Carer Allowance is an income supplement which is not taxable or assets tested. Carer Allowance is income tested.

Carer Allowance can be paid in addition to wages, or another income support payment.

- Primary disability or medical condition of the child

OSTEOSARCOMA of TIBIA

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- SA431.1809

7 Please indicate if the child has any of the following disabilities:

Moderate to severe multiple disability or moderate to severe physical disability (including neurological disability) where the child is, or is likely to be, dependent for mobility indoors and outdoors from the age of 3 onwards

Please select one of the following where appropriate:

– Cerebral Palsy where the child is dependent on a stroller, wheelchair, crutches or walking frame ☐ CER

– Lower Limb Deficiencies where the child is dependent on a stroller, wheelchair, crutches or walking frame ☐ LLD

– Spina Bífida where the child is dependent on a stroller, wheelchair, crutches or walking frame ☐ SPB

Other moderate to severe multiple disability or moderate to severe physical disability (including neurological disability) where the child is, or is likely to be, dependent for mobility indoors and outdoors from the age of 3 onwards ☐ SMM

Severe multiple or physical disability (including uncontrolled seizures) requiring constant care and attention where the child is less than 6 months of age ☐ SMS

Epilepsy that is uncontrolled while on medication

– Epilepsy - Absence Seizure (Petit Mal) ☐ EAS

– Epilepsy - Grand Mal (Tonic-Clonic) ☐ EGM

– Epilepsy - Myoclonic Seizure ☐ EMY

– Epilepsy - Complex Seizure ☐ ECS

– Epilepsy - Simple Seizure ☐ ESS

Chromosomal or syndromic conditions where there is moderate or severe intellectual disability and/or multiple, major and permanent physical abnormalities as diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist

Please select one of the following where appropriate:

– Angelman syndrome ☐ ANG

– Cri du chat syndrome ☐ CDC

– Edwards syndrome (Trisomy 18) ☐ EDW

– Patau syndrome (Trisomy 13) ☐ PAT

– Prader-Willi syndrome ☐ PWS

– Rett syndrome ☐ RET

– Williams syndrome ☐ WLM

– Coffin-Lowry syndrome ☐ COF

– Congenital rubella syndrome ☐ CRS

– Cornelia de Lange syndrome ☐ CDL

– Kabuki Make-up syndrome ☐ KMU

– Larsen syndrome ☐ LAR

– Opitz G syndrome ☐ OGS

– Pallister-killian syndrome ☐ PKS

– Seckel syndrome ☐ SES

– Smith-Magenis syndrome ☐ SMG

– CHARGE association ☐ CHA

Other chromosomal or syndromic conditions where there is moderate or severe intellectual disability and/or multiple, major and permanent physical abnormalities as diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist ☐ OCH

Down Syndrome ☐ DWN

Fragile X Syndrome ☐ FXS

Neurometabolic degenerative conditions where there is moderate or severe intellectual and/or moderate or severe physical disability and where the condition is diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist

Please select one of the following where appropriate:

a) Lysosomal storage disorders:

- Krabbe's disease ☐ KRB
- Metachromatic Leukodystrophy ☐ MLK
- Pompe disease ☐ PMP
- Tay Sach's disease ☐ TAY

– Mucopolysaccharidosis:

- Hurler's Syndrome (MPS 1) ☐ MP1
- Hunter syndrome (MPS 2) ☐ MP2
- Sanfilippo syndrome (MPS 3) ☐ MP3
- Morquio syndrome (MPS IVA) ☐ MP4
- Maroteaux-Lamy syndrome (MPS VI) ☐ MP6

Other Lysosomal storage disorders where there is moderate or severe intellectual and/or moderate or severe physical disability and where the condition is diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist ☐ OLS

Please select one of the following where appropriate:

b) Neurometabolic conditions:

- Lesch-Nyhan Syndrome ☐ LNS
- Menkes Disease ☐ MEN
- Zellweger syndrome and related peroxisomal disorders ☐ ZPD

Other Neurometabolic conditions where there is moderate or severe intellectual and/or moderate or severe physical disability including some mitochondrial respiratory chain disorders and where the condition is diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist ☐ ONC

Neurodegenerative disorders where there is moderate or severe intellectual and/or moderate or severe physical disability and where the condition is diagnosed by a paediatrician, a paediatric sub-specialist or clinical geneticist

Please select one of the following where appropriate:

- Ataxia Telangiectasia ☐ ATT
- Unclassified Leukodystrophies ☐ LEU

Other Neurodegenerative disorders where there is moderate or severe intellectual and/or moderate or severe physical disability and where the condition is diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist ☐ OND

Any of the following neuromuscular conditions:

- Autosomal recessive muscular dystrophy ☐ AMD
- Duchenne (or Becker) muscular dystrophy ☐ DUC
- Friedreich's ataxia ☐ FAD
- Spinal muscular atrophy conditions (e.g. Werdnig-Hoffman) ☐ SMA

Moderate, severe or profound intellectual disability where IQ is less than 55 (including a child with a known syndrome) ☐ LIQ

The following when diagnosed:

- i) by a psychiatrist, developmental paediatrician, or a psychologist experienced in the assessment of Pervasive Developmental Disorders, **and**
- ii) using either the Diagnostic and Statistical Manual of Mental Disorders IV or 5

If diagnosed under DSM IV

(not including Pervasive Development Disorder not otherwise specified)

- Autistic disorder ☐ AUT
- Asperger's disorder ☐ ASP

If diagnosed under DSM 5

- Autism Spectrum Disorder ☐ AUT

The following conditions diagnosed by a psychiatrist:

- Childhood Disintegrative Disorder using DSM IV ☐ COD
- Major depression of childhood using DSM IV or DSM 5 ☐ DPN
- Childhood Schizophrenia using DSM IV or DSM 5 ☐ SCH

Any of the following sensory impairments:

- Bilateral blindness where:
 - i) visual acuity is less than or equal to 6/60 with corrected vision, **or** ☐ BLB
 - ii) visual fields are reduced to a measured arc of less than 10 degrees
- Hearing loss — a 45 decibels or greater hearing impairment in the better ear, based on a 4 frequency pure tone average (using 500, 1000, 2000 and 4000Hz) ☐ HEL
- Deaf-blindness — diagnosed by a specialist multidisciplinary team, including a professional audiological and ophthalmological evaluation ☐ DFB

The following dermatological conditions:

a) Epidermolysis Bullosa Dystrophica ☐ EBD

b) One of the following types of Ectodermal Dysplasias:

These are specific terms and do not apply to other ectodermal dysplasia which may have some degree of reduced sweating.

– AHypohidrotic ectodermal dysplasia (synonym: anhidrotic ectodermal) ☐ HED

– Hay Wells syndrome (synonyms: ankyloblepharon, ectodermal dysplasia and clefting [AEC]) ☐ HWS

c) One of the following severe congenital ichthyoses:

– Lamellar ichthyosis ☐ LAM

– Harlequin ichthyosis ☐ HAR

– Sjogren-larsson syndrome ☐ SLS

– Netherton's syndrome ☐ NES

– Severe congenital ichthyosiform erythroderma ☐ CIS

– Generalised bullous ichthyosis (synonyms: bullous ichthyosiform erythroderma, epidermolytic hyperkeratosis) ☐ BIE

Diabetes Mellitus – Type 1 ☐ IDD

Phenylketonuria (PKU) ☐ PKU

Other inborn errors of metabolism treated by medically prescribed diet to prevent neurological disability and/or severe organ damage ☐ MET

Examples include Organic acidurias, Urea cycle defects, Galactosaemia and some fatty acid or oxidation defects.

Cystic Fibrosis ☐ CYS

Moderate to severe Osteogenesis Imperfecta with 2 or more fractures per year and/or significant pain that significantly limits activities of daily living ☐ OSI

8 Please indicate if the child has any of the following medical conditions:

Chronic or end stage organ failure where the child is receiving organ specific treatment and/or awaiting transplant ☐ TRA

HIV/AIDS where the child is symptomatic (in addition to having lymphadenopathy) and requires treatment with a 3 or more drug antiviral regimen ☐ HVA

Immunodeficiency where the child requires regular immunoglobulin infusions ☐ IMM

The following Haematological/Oncological Conditions:

– Leukemia, Haemophagocytic Lymphohistiocytosis and other childhood malignancies where the child is undergoing chemotherapy, radiotherapy or palliative care ☒ CHC

– Haemophilia with Factor VIII or Factor IX deficiency (less than 10 per cent) ☐ HAE

– Thalassaemia or Haemoglobinopathy requiring chelation therapy ☐ TLS

– Chronic Transfusion Dependent Anaemia requiring chelation therapy ☐ TDA

– Langerhan Cell Histiocytosis: disseminated (multi-organ) disease requiring chemotherapy for longer than 6 months ☐ LCH

– Severe congenital Neutropenia (Kostman's variant, dependent on Filgrastin) ☐ NEU

Any of the following chronic respiratory conditions:

- Chronic Respiratory Disease requiring home oxygen ☐ COA
- A condition where the child is dependent for his or her health on an external apparatus/machine called a ventilator to assist with breathing, either on a continuous or intermittent basis ☐ VAB
- Long term tracheostomy where the child is cared for at home ☐ LTT

Severe atopic dermatitis which involves at least 75 per cent of the body surface and which has required 2 or more hospitalisations of at least 5 days duration in the previous calendar year, and/or the use of immunosuppressive therapy ☐ ATD

Significant burn where more than 30 per cent of body surface area is affected, or a lesser burn where there is significant impairment of function of the hands or feet or assistance is required with feeding or toileting to a greater degree than is age appropriate for the child ☐ BUR

Gastroenterological condition or other medical condition requiring total parenteral nutrition for an extended period, with medical treatment and medical supervision required for at least 12 months ☐ GAS

Final stage of Ulcerative Colitis where the condition is no longer responding to medical treatment and where a sub-total colectomy and ileo-rectal anastomosis with formation of a J-pouch is required ☐ ULC

Polyarticular course Juvenile Arthritis requiring regular multi-disciplinary therapy, including immunosuppressive medication ☐ PJA

9 Does the child have a disability or medical condition listed at question 7 or 8?

No ☐
Yes ☒

10 Please read this before answering the following questions.

Instructions for questions 11—18

- Please indicate the statement that describes the child's usual ability.
- If the child cannot do any of the skills listed in a question, tick the last box.
- If the child's ability is appropriate for the age of the child, tick the first box.
- The child's abilities include what he/she can do when using his/her aids, appliances or special equipment items.
- Where the child's disability or medical condition is episodic or is only apparent at certain times, the question should be answered for what the child is currently able to do most of the time.

The child is considered to have the functional ability to do certain things if:

- he/she can do the task given the opportunity
- he/she can do the task consistently or on a daily basis, (e.g. the child cannot be said to '*manage his/her own toileting with minimal assistance*' unless he/she can do so more or less every day)
- he/she can do the task to a reasonable standard, (e.g. the child has the ability to '*crawl or otherwise propel himself or herself along*' only if he/she can do so without difficulty)
- where the task is in 2 parts, the child must be able to do **both** parts, (e.g. '*child can read **and** interpret a paragraph from the front page of a daily newspaper*').

11 Receptive language skills (listening, reading and understanding):

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate.

☒ M-1i

Child understands adult speech or signed language of normal speed and complexity. Child demonstrates full understanding of why they are interacting with a health professional.

☐ M-1j

Child can read and interpret a paragraph from the front page of a daily newspaper.

☐ M-1i

Child can read a paragraph or page from a children's story book appropriate for the child's age group. Child can recall a list of 3 common objects 30 seconds after the list is read to them.

☐ M-1h

Child understands and responds appropriately to simple questions such as 'do you go to school?' and 'what is your favourite colour?'

☐ M-1g

Child follows 2 step instructions such as 'pick up the book and put it on the chair'. Child uses toys appropriately for their intended purpose in meaningful play.

☐ M-1f

Child knows the difference between 'big' and 'little'. Child can demonstrate what common objects are used for.

☐ M-1e

Child recognises pictures of common objects (e.g. points appropriately when asked 'where's the dog?' or 'which one is the truck?').

☐ M-1d

Child responds appropriately to very simple questions (e.g. points to, or looks at, mother when asked 'where's mummy?'). Child uses objects purposefully (e.g. to make a sound).

☐ M-1c

Child responds to sound. Child tracks noise-making objects.

☐ M-1b

Child looks momentarily at speaker's face.

☐ M-1a

Child cannot do any of the things listed above.

☐ M-1k

12 Expressive language Skills (talking or signing):

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate.

☒ M-2i

Child has almost a full adult vocabulary. Child can discuss and debate complex issues such as politics or religion with an adult.

☐ M-2j

Child can describe his/her experiences in detail using complex sentences.

☐ M-2i

Child can tell a complex story involving several characters. Child can write a short story.

☐ M-2h

Child can write their own first name by handwriting or typing. Child can state their name and home address.

☐ M-2g

Child talks or signs well and can use 6 or more words in a sentence. Child can describe an event (e.g. a visit to a special place).

☐ M-2f

Child can say sentences with 3 to 4 words. People other than family members can understand the child's speech.

☐ M-2e

Child can clearly say or sign more than 20 words and can use 2 words in combination (e.g. 'Daddy's car').

☐ M-2d

Child can say or sign 3 or more simple words (e.g. 'mum', 'dad', 'drink', 'bed').

☐ M-2c

Child smiles and babbles or makes purposeful sounds (e.g. to attract attention). Child demonstrates good eye contact.

☐ M-2b

Child makes a vocal sound other than crying.

☐ M-2a

Child cannot do any of the things listed above.

☐ M-2k

13 Feeding and mealtime skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☒ M-3i

Child can use all cooking equipment and kitchen appliances (e.g. microwave oven, electric frypan, or mixer) without assistance. ☐ M-3j

Child can follow a recipe and prepare a simple meal. ☐ M-3i

Child can cook a simple snack (e.g. toast). ☐ M-3h

Child can prepare a simple uncooked snack (e.g. a sandwich). ☐ M-3g

Child can use a fork and spoon at mealtimes. ☐ M-3f

Child can eat most solid foods if food is cut up (e.g. raw apple). ☐ M-3e

Child uses spoon well. ☐ M-3d

Child can drink from a normal cup without help and can feed himself or herself with finger foods. ☐ M-3c

Child can drink from a modified cup when the cup is held by an adult. ☐ M-3b

Child can suck from a breast or baby's feeding bottle. ☐ M-3a

Child cannot do any of the things listed above. ☐ M-3k

14 Hygiene and grooming skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☒ M-4k

Child can style own hair and clean and cut own finger and toe nails without assistance. ☐ M-4i

Child can attend to basic hygiene (e.g. toileting, showering and brushing hair) without assistance. ☐ M-4h

Child manages basic hygiene (e.g. toileting, showering and brushing hair) with little assistance. ☐ M-4g

Child can wash hands and face and brush own teeth. ☐ M-4f

Child is reliably toilet-trained during the day and can manage own toileting with minimal assistance. ☐ M-4e

Child can indicate toilet needs during the day but needs some assistance with clothing and wiping. ☐ M-4d

Child is toilet-timed during the day or is indicating toilet needs (e.g. asking for the toilet or potty—even if it's too late, or telling parent that pants or nappy are wet). ☐ M-4c

Child requires full assistance with toileting. ☐ M-4b

Child cries when nappy is soiled or wet. ☐ M-4a

Child cannot do any of the things listed above. ☐ M-4j

15 Dressing skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☒ M-5l

Child can purchase and care for own clothing without assistance. ☐ M-5j

Child can wash and iron own clothing if required to with little assistance. ☐ M-5i

Child can choose own clothing appropriate to the weather and can dress and undress without any assistance. ☐ M-5h

Child can do up buckles and untie shoelaces. ☐ M-5g

Child can do up buttons and zippers. ☐ M-5f

Child dresses and undresses himself or herself but needs assistance with buttons, laces or tight clothing. ☐ M-5e

Child can undress with little assistance. ☐ M-5d

Child tries to help with dressing. ☐ M-5c

Child lifts arms to be picked up. ☐ M-5b

Child snuggles in to an adult when cuddled. ☐ M-5a

Child cannot do any of the things listed above. ☐ M-5k

16 Social and community skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☒ M-6i

Child can use all major community facilities (e.g. shops, banks, doctors) with little assistance. Child has basic understanding of community laws and regulations. ☐ M-6j

Child is able to undertake basic activities in the community (e.g. shopping) with little supervision. ☐ M-6i

Child understands basic personal safety (e.g. how to cross the road and not to go with strangers). Child relates well to both children and adults. ☐ M-6h

Child is aware of being left in the care of others (e.g. school teacher or child care worker) without getting unduly upset. Child understands basic concepts of right and wrong. ☐ M-6g

Child plays with other children and forms close friendships with other children. Child joins in simple games such as 'chasey' and 'hide and seek' but may not understand or follow rules of a game. ☐ M-6f

Child takes turns in conversations (e.g. speaks and then listens). Child knows whether they are a boy or girl. ☐ M-6e

Child initiates contact with other people and involves other people in games or activities. Child is starting to cooperate in play with other children. ☐ M-6d

Child responds to affection from familiar people. Child recognises the difference between strangers and familiar people. ☐ M-6c

Child laughs and giggles when happy and cries when upset or angry. Child is interested in people and enjoys attention. ☐ M-6b

Child smiles. Child settles when picked up and cuddled. ☐ M-6a

Child cannot do any of the things listed above. ☐ M-6k

17 Mobility — fine motor skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☒ M-7i

Child can use a variety of tools or hobby items with accuracy (e.g. for woodwork, sewing, painting or model building). ☐ M-7j

Child can write clearly. ☐ M-7i

Child can write all letters of the alphabet clearly. ☐ M-7h

Child can hold a pencil and draw basic shapes such as squares and triangles. Child can clearly write their own first name. ☐ M-7g

Child can manipulate smaller objects accurately (e.g. jigsaw puzzle pieces). Child can draw at least a head and a body on a person stick figure style. ☐ M-7f

Child can build a tower of 9 blocks. Child can copy a circle and a cross. ☐ M-7e

Child can manipulate larger objects and toys (e.g. can push or pull toys, use posting box toys or build small tower of blocks). Child can copy a straight vertical line. ☐ M-7d

Child can make purposeful movements with objects (e.g. bang on a drum or clap hands). ☐ M-7c

Child grasps and releases objects such as a rattle or feeding bottle. ☐ M-7b

Child can grasp an adult finger but may need assistance to release it. ☐ M-7a

Child cannot do any of the things listed above. ☐ M-7k

18 Mobility.— gross motor skills:

Tick one box only to indicate the child's best ability in this area.

Child's ability is age appropriate. ☐ M-8k

Child can hit a ball with a bat and can kick a ball with reasonable accuracy. ☐ M-8i

Child can catch a small ball (e.g. a tennis ball). Child skips well or rides a two-wheel bike. ☐ M-6h

Child can jump and can hop on each leg. Child can bounce a ball and catch it. ☐ M-6g

Child can run fast. Child can balance on 1 leg for 3 seconds. Child can hop on 1 leg. ☐ M-8f

Child can balance briefly while standing on 1 leg. Child can pedal a tricycle. ☐ M-8e

Child can walk and can run a few steps. Child can walk up and down steps. ☐ M-8d

Child has even muscle tone and strength in all limbs. Child can pull himself or herself from floor to a standing position and may be able to stand independently. ☒ M-8c

Child can independently move between prone and supine positions. Child can crawl or otherwise propel himself or herself along. ☐ M-8b

Child can lift head when in prone position. Child makes random movements with arms and legs. ☐ M-8a

Child cannot do any of the things listed above. ☐ M-8j

Behaviour and special care needs

Instructions for questions 19—20

- Please indicate **ALL** statements that describe the child's behaviours or special care needs.
- The response should be based on the child's behaviour when he/she is receiving prescribed medication.

19 Behaviour:

Tick the boxes that apply.

Child is consistently uncooperative and disruptive during treatment or assessment episodes. ☐ M-9a

Child demonstrates self injurious behaviour such as head banging or hand biting and has injuries or signs of past injuries consistent with such behaviours. ☐ M-9b

Child displays aggressive behaviour or violence towards other people or property in the treatment or assessment setting. ☐ M-9c

Child persistently attempts to leave or abscond from the treatment or assessment setting. ☐ M-9d

Child is extremely active and is unable to concentrate on a task for more than 30 seconds. ☐ M-9e

Child displays obsessional, repetitive behaviours (e.g. obsession with particular objects or twirling or spinning objects for extended periods of time). ☐ M-9f

None of the above apply. ☒

20 Special care needs:

Tick the boxes that apply.

Child receives all food and fluids by nasogastric, gastrostomy tube or percutaneous entero gastric tube (PEG). ☐ M-10a

Child has a tracheostomy. ☐ M-10b

Child requires a ventilator to support respiration.

Child requires regular oxygen therapy at home.

Child requires a CPAP or BiPAP machine.

Child is over 4 years of age and is incontinent both day and night. ☐ M-10c

Child is over 3 years of age and cannot stand without support. ☐ M-10d

Child requires a wheelchair and requires assistance to propel the wheelchair. ☐ M-10e

Child requires a wheelchair, quad sticks, prosthesis, crutches or walking frame but can move around with little assistance using this equipment. ☐ M-10f

Child uses an electric wheelchair. ☐ M-10g

Child requires urinary catheterisation several times each day. ☐ M-10h

Child requires specialised equipment, prosthesis or technology to communicate (e.g. computerised communicator, telephone typewriter (TTY), voice synthesiser, cochlear implant, hearing aids or adaptations to a standard computer). ☐ M-10i

Child is over 5 years of age and has persistent difficulties with memory, concentration, planning and organisation. ☐ M-10j

Child has chronic and progressive suppurative lung disease for which ongoing daily airway clearance is provided and/or enzyme replacement therapy and nutritional supplements are required and provided on a daily basis. ☐ M-10k

Child is receiving a course of chemotherapy or radiotherapy treatment for cancer. ☒ M-10l

Child has poorly controlled seizures which frequently require emergency medication or first aid. ☐ M-10m

Child is assisted on a daily basis with at least 2 blood tests to measure blood glucose levels, injections and special dietary management and the child is not capable of determining medication levels, food intake or self administration of medication. ☐ M-10n

Child has a severe eating disorder such as anorexia nervosa or bulimia. ☐ M-10o

None of the above apply. ☐

21 Please read this before answering the following questions.

For the following questions personal care means ongoing care required for a significant period every day (at least the equivalent of a working day) because of a child's disability or medical condition, to maintain comfort, sustain life, or attend to a bodily function that the child cannot manage him or herself.

22 Does the child have a condition that may significantly reduce their life expectancy?

No ☐ Go to 27

Yes ☒ Go to next question

23 Is the average life expectancy of a child with this or a similar condition substantially longer than 24 months?

No ☐ Go to next question

Yes ☒ Go to 27

24 Does the child need personal care for a significant period everyday for the duration of the condition?

No ☐ Go to 32

Yes ☒ Go to next question

Not sure ☐ Give details below

Comments

25 Is the care load associated with the child so high that more than one carer is required to provide this amount of daily care (e.g. the amount of personal care required by the child each day is equivalent to more than one working day, or continuous care is required day and night, or frequent care tasks such as lifting the child require more than one person to perform the task)?

In certain circumstances, two or more carers may qualify for Carer Payment for care provided to the same child or children.

No ☒ Go to 32

Yes ☐ Go to next question

26 How many carers are required to provide this care?

--

 Go to 32

- 27** Does the child need personal care because of a severe disability or severe medical condition for a significant period everyday?

No **Go to 33**

For 6 months or more ☐ **Go to 30**

For 3 to less than 6 months ☐ **Go to 28**

Not sure ☐ Give details below

► **Go to 33**

- 28** What is the estimated start date and end date for the period that the child will need this care?

From

To

/	/
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/	/
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- 29** Is the child likely to have future episodes of the same or a similar condition?

No ☐Yes ☐

- 30** Is the care load associated with the child so high that more than one carer is required to provide this amount of daily care (e.g. the amount of personal care required by the child each day is equivalent to more than one working day, or continuous care is required day and night, or frequent care tasks such as lifting the child require more than one person to perform the task)?

In certain circumstances, two or more carers may qualify for Carer Payment for care provided to the same child or children.

No ☐  ***Go to 33***

Yes ☐ Go to next question

- 31** How many carers are required to provide this care?

--

Go to 33

- 32** Are you a legally qualified medical practitioner?

No ☐ Please provide the details of the legally qualified medical practitioner who can certify the diagnosis indicated at question 1.

Name

--

Professional qualifications

--


Address

Postcode

Contact phone number

()

► [Go to next question](#)

Yes  Go to next question

- 33** Are there any other comments you wish to make?


Maverick is unable to
weight bear on his affected
leg - he uses crutches and
a wheel chair

He will also need further
definitive surgery after
his initial induction
chemotherapy

34 Release of medical information about the child requiring care

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information about the child requiring care in certain circumstances. If there is any information about the child in your report which, if released, may harm their physical or mental well-being, please identify it and briefly state below why it should not be released. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released, might harm the child's physical or mental well-being?

No  Go to next question

Yes ☐ Identify the information and state why it should not be released.

[illegible]

Please return this report directly to us after completing your details at question 37.

35 Confidentiality of information The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

36 You need to read this

Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

37 Details of the Treating Health Professional completing this report

Please print in BLOCK LETTERS or use stamp.

Name _____

R. TIMOTHY ITASSAU

Professional qualifications

MBS TRAC

Address

Lady Allen's Children's Hospital
551 Stanley St
South Brisbane Postcode 410

Contact phone
number

(07) 30681111

Provider Number (if applicable)

944605T

Name of health or disability service employer (if applicable)


Signature



Date _____

5, 11, 18

Stamp (if applicable)



Returning this report

You can give this report and any attachments to the person providing care or you can return this report directly to us.

However, if you answered 'Yes' at question 34, please make sure to return this report directly to:

**Department of Human Services
Carer Services
PO Box 7805
CANBERRA BC ACT 2610**