



Field Test – Health Professional's Report

Help us make claiming carer payments faster and smoother

Carers and health professionals have helped us to draft new assessment questions to improve the way we assess eligibility for Carer Payment and Carer Allowance. Now we need to test these with a larger number of people (a field test).

We want to make the way we assess care:

- simpler
- easier to understand
- shorter and quicker to complete
- suitable for a broad range of caring situations.

How to complete this field test form

1. Complete Section 1.
2. Take this form to the health professional who is completing the official Medical Report for your online claim. Ask the health professional to complete Section 2 of this form as well as the official Medical Report.

Returning your forms

Return the official Medical Report and any supporting documents to the Australian Government Department of Human Services.

You can return this form at the same time as you return your official Medical Report or separately. The Field Test – Health Professional's Report is not used in the assessment of your official claim.

You can return this form:

- online
 - in conjunction with your Carers online claim process, **or**
 - if you are returning your Field Test – Health Professional's Report separately, you can provide it through your Centrelink online account through myGov. Select '**Upload documents**' from your online account page, choose '**Centrelink Form Code**' from the '**Select a document type**' drop down box, and enter the form code **A2565**.

For more information about how to access an online account or how to lodge documents online, go to **humanservices.gov.au/submitdocumentsonline**

- by post – return your documents by sending them to:
Department of Human Services
Carer Services
Reply Paid 7805
CANBERRA BC ACT 2610
- in person – if you are unable to submit this form online or by post, you can provide them in person at one of our service centres.

Your official claim forms will be processed as usual to decide if you will be eligible for payment.

The field test form will be sent for separate analysis and will not affect your official claim.

What happens to your field test form?

The field test form will be used to test how well the field test questions work for people of different ages, backgrounds and caring situations.

All forms and data collected for the purposes of this field test will be destroyed at the end of the evaluation process.

Your privacy

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 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 investigations).

You can get more information about the way the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

The field test form does NOT ask for your name, the name of the person you care for or where you live.

The field test form does ask for your Centrelink Customer Reference Number (CRN), the date of birth of you and the person you care for and some other basic information. This is so we can check how well the field test questions work for people of different ages, backgrounds and caring situations.

The people who will analyse field test information must comply with privacy and confidentiality requirements.

This field test is voluntary

This is a voluntary field test. You can choose whether to complete this field test form.
This field test form will not affect the decision about your eligibility for payment.

For more information

For more information about this field test, go to dss.gov.au/carersfieldtest

If you have any questions about this field test, please call the Carer Payments Field Test Helpline **1800 456 555** Monday to Friday, between 9.00 am and 5.00 pm Australian Eastern Daylight Time.

Note: Call charges may apply.

Thank you for helping us improve the assessment process for payments for carers.

3 Is this condition(s) permanent?

No ☐

Yes ☐

4 What is the **primary** medical condition that results in this person's disability?

i.e. the condition that **contributes most** to the person's disability.

Please place one letter in each box

O	S	T	E	O	S	A	R	E	O	M	A		
O	F		T	I	S	I	A						

5 Please list any other conditions that contribute to this person's disability.

Due to location of tumour
in proximal femur, Maverick
is not allowed to weight
bear

As definitive surgery will require
resection of femur and replacement
with a prosthetic joint / bone.

6 What type(s) of disability does this person have?

Tick any that apply

Physical disability ☒

Intellectual disability ☐

Psychiatric disability ☐

Other ☐ Give details below

7 For how long will this person's condition(s) result in additional care being needed at home?

i.e. how long will this person require help from the carer applying for this payment to perform self-care tasks?

Less than 3 months ☐

3 months to 5 months ☐

6 months to 11 months ☐

12 months to 2 years ☒

More than 2 years ☐

8 Does this person have a **terminal** condition?

i.e. the average life expectancy for a person with the same or similar condition is not substantially longer than 24 months and because of the condition, the person will need constant care for the remainder of his or her life.

No ☒ **Go to 12**

Yes ☐ **Go to next question**

9 Name of this condition or illness

10 What is the expected survival prognosis for a person at this stage of this terminal condition?

Less than 3 months ☐

3 months to 2 years ☐

More than 2 years ☐

11 If this terminal illness is not within your professional scope of practice, please state the name, qualifications and contact details of the health professional who made this diagnosis

High Level Care Needs

- 12 Is the person receiving care aged **under 3 years**?

No ☒ *Go to next question*

Yes ☐ *Go to 15*

- 13 Does the person need complete physical assistance with the following self-care tasks?

e.g. the person's physical impairments are so severe that they cannot perform these basic self-care tasks

	No	Yes
Feeding the person cannot feed themselves once food is prepared	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing the person is unable to undress or dress themselves	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing the person is unable to shower or bath themselves	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transfers the person is unable to stand unsupported, or move between chair and bed, between chair and wheelchair or walking frame without physical help from another person/people	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toileting/continence care the person needs complete physical help to get on and off the toilet or commode and/or use continence aids and attend to personal hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 14 Does the person need constant supervision (i.e. 24 hours per day) to manage potential aggressive, life threatening, dangerous, self-harming or suicidal behaviours?

	No	Yes
The person has a psychiatric illness diagnosed by a psychiatrist or a severe developmental condition such as severe Autism or severe/profound intellectual disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
As a result of this condition, the person is displaying behavioural disorders that pose a serious threat to the health and safety of the person or others e.g. aggressive, life threatening, dangerous, self-harming or suicidal behaviours	<input checked="" type="checkbox"/>	<input type="checkbox"/>
These behaviours are occurring on a daily basis or multiple times each week	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 15 Does the person require any of the following complex respiratory care at home **day and night** to sustain life?:

No Yes

Ventilator dependent

☒ ☐

i.e. the person requires mechanical ventilation to maintain adequate respiratory ventilation during the day and at night.

Note: This does not include the use of a nebuliser, CPAP or BiPAP used at night only.

Regular suctioning of airways

☒ ☐

i.e. the person requires suctioning to maintain a clear airway during the day and at night

Children Aged Under 2 Years

- 16 Is the person receiving care a child aged **under 2 years**?

No ☒ *Go to 18*

Yes ☐ *Go to next question*

- 17 Has this young child's medical condition/disability resulted in any of the following?:

No Yes

Developmental delay requiring additional care at home

☐ ☐

i.e. the child needs more care than is usual for a child of the same age without a medical condition, disability or illness

Special health care that needs to be provided by a carer at home

☐ ☐

i.e. the child needs health-related procedures to be performed by the carer which require specific training and knowledge – these procedures are above and beyond the usual home health care needs expected for a child without a medical condition, disability or illness

Physical disability or impairment requiring additional care at home

☐ ☐

► *Go to 19*

18 Please complete the following table, based on your assessment of the person receiving care and your knowledge of their condition(s), the prognosis and impairments likely to result from the condition(s).

For **children** (aged 2–16 years) receiving care, please indicate assistance above that usually required for a child of the same age without a disability, illness or injury. **You do not need to complete this question for children aged under 2 years.**

Based on your clinical assessment and available medical evidence, is the person receiving care likely to require the following assistance from another person at home:

Please **tick one box** in each row.

<div> <div>Level of assistance required from carer →</div> <div>↓</div> <div>Daily Living Activities as appropriate for the care receiver's age</div> </div>	No assistance can do tasks independently as expected for a person of the same age	Minor assistance needs some prompting, supervision or minor physical help above that expected for a person of this age	Major assistance needs a lot of help above that expected for a person of this age	Complete assistance needs complete help with tasks usually performed without help by a person of this age	Unable to determine not able to observe or assess, or insufficient clinical evidence
Mobility i.e. standing up, sitting down, walking or moving around, transfers, even when using any mobility aids they have			✓		
Self-care i.e. feeding, bathing, showering, dressing, toileting and health care at home			✓		
Communication i.e. understanding and using speech, text, signs, symbols or devices to communicate	✓				
Learning and applying knowledge i.e. cognitive activities such as understanding, learning, remembering, attention and concentration, problem solving and planning	✓				
Interpersonal interactions, relationships and behaviour i.e. social behaviour, interacting with others, behaving within acceptable limits, managing emotions, mental health	✓				
Community participation carer assistance required for the person to participate in community activities such as education, work, recreation				✓	

Health Professional's Declaration

- 19 Your full name (*voluntary for this field test*)

Dr Timothy E.G. Hassall

- 20 Your professional qualifications and professional registration

MBBS FRACP

- 21 Your contact details or practice stamp (*voluntary for this field test*)

ONCOLOGY
Lady Cilento Children's Hospital
501 Stanley St
South Brisbane
4101

- 22 How long have you or your practice/organisation been treating or providing services to the person receiving care?

Please **tick one box**

First consultation ☐

Weeks ☒

Months ☐

Years ☐

- 23 Declaration (*voluntary for this field test*)

I declare that the information I have provided is a true and accurate record based on my professional assessment and/or treatment of this person and their condition(s).

Signature



Date

5/11/18

Thank you for completing this *Field Test – Health Professional's Report*

Your participation will support improvements in the assessment process for Carer Payment and Carer Allowance, in particular determining the care a person with a medical condition and/or disability requires.

If you have personal feedback please provide this on the next page.

Health Professional Feedback

Please consider each of the following questions and tick the box that best describes your opinion.

- 1 Compared to the official Medical Questionnaire, I found the time to complete it was:
Slower ☐
About the same ☒
Quicker ☐
- 2 Compared to the official Medical Questionnaire, this new draft questionnaire is:
Harder to complete ☒
About the same ☐
Easier to complete ☐
- 3 Compared to the official Medical Questionnaire, the new questions are:
Too few ☐
About right ☒
Too many ☐
- 4 Compared to the official Medical Questionnaire, this new draft questionnaire is:
Less appropriate ☐
About the same ☒
More appropriate ☐
- 5 Do you have any comments or suggestions for the *Field Test – Health Professional's Report*?
e.g. any questions or terms that were difficult to interpret, or not consistent with contemporary medical/allied health terminology and practice.
No ☒ Go to next question
Yes ☐ Give details below

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

- 6** Now, give this Field Test form to the carer, who will return this form with their official Centrelink claim forms.