



Health Professional Report Form

GUARDIANSHIP DIVISION

For more information about completing the Health Professional Report Form please contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

1. Information about the subject person

title Mr Mrs Miss Ms Other (specify) _____

given names _____

family name _____

date of birth _____

2. Information about you

title Mr Mrs Miss Ms Dr Prof Other (specify) _____

given names _____

family name _____

professional qualifications
(please outline) _____

You organisation name and contact details

organisation name _____

street/PO Box _____

suburb/town, state, postcode _____

phone _____

fax _____

mobile phone _____

pager _____

email _____

What is your professional relationship to the subject person?

How long have you known the person? _____

How often do you see the person? _____

When did you last see the person? _____

3. Medical information about the subject person

Does the person have a disability? Yes No

Please indicate:

Dementia

Is this disability/condition Mild? Moderate? Severe?

Is this disability/condition Static? Progressing slowly? Progressing rapidly? Improving?

Please state specific diagnosis if known (e.g. Vascular Dementia, Alzheimer's Disease, Korsakoff's syndrome, AIDS related dementia, Pick's Disease, Lewy body dementia):

How long has the person had this disability/condition?

Other relevant information

Intellectual Disability

Is this disability/condition Mild? Moderate? Severe?

Is this disability/condition Static? Fluctuating? Improving? Other?

Please state specific diagnosis if known (e.g. Down Syndrome, Autism, Prader Willi Syndrome):

How long has the person had this disability/condition?

Other relevant information

Brain Injury

Is this disability/condition Mild? Moderate? Severe?

Is this disability/condition Static? Fluctuating? Improving? Deteriorating?

Please state specific diagnosis if known (e.g. CVA, traumatic brain injury, hypoxic brain injury):

How long has the person had this disability/condition?

Other relevant information

Mental Illness

Is this disability/condition Mild? Moderate? Severe?

Is this disability/condition Static? Fluctuating? Improving? Deteriorating?

Please state specific diagnosis if known (e.g. Schizophrenia, Bi-polar Disorder, Depression):

How long has the person had this disability/condition?

Other relevant information

Other disability / medical condition that affects the person's decision making capacity (please specify)

Is this disability/condition Mild? Moderate? Severe?

Is this disability/condition Static? Fluctuating? Improving? Deteriorating?

How long has the person had this disability/condition?

Other relevant information

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

Is any of the person's medication likely to affect his or her decision making capacity?

No Yes, provide details.

Does the person's disability affect their capacity to make informed decisions about the following?

Accommodation, care and services? Yes No

If yes, in what ways?

Health and medical care? Yes No

If yes, in what ways?

Financial affairs? Yes No

If yes, in what ways?

Other? Yes No

If yes, please provide details:

Has the person's cognitive ability been assessed?

Yes No

If Yes, please provide the nature and date of the assessment/s and the result/s

(Please provide copies of the above reports/assessments)

Is the person subject to any orders in other relevant jurisdictions?

Yes No, Don't know,

If Yes, please provide details including the date on which the order lapses.

e.g. Protected Estates Order, Community Treatment Order, Family Court, Criminal Matter

Involving the person

Please indicate which of the following applies:

The person:

- speaks English
 - speaks another language (please specify)
 - uses sign language / Makaton / language board (please specify)
 - uses gestures or other body language to communicate
 - none of the above
-

In your opinion, at the hearing the person will be:

- incapable of making a contribution
- capable of making a limited contribution
- capable of making a significant contribution

The person has the right to attend and participate in the hearing. The person's cognitive impairment or the practical difficulties in bringing them to the hearing are not generally sufficient reasons to prevent their participation. However, if you are concerned that the person's attendance would be detrimental to their health or wellbeing please indicate below and state the reasons for your opinion:

4. Other relevant information

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

5. Declaration

I declare that the information provided and opinions expressed in this form are within my area of expertise.

Name _____
Date _____
Signature _____

**Please return all pages of the form directly to NCAT's Guardianship Division or, if appropriate, to the applicant.
Thank you for supporting NCAT to promote the welfare and interests of people with disabilities.**

NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228
Interpreter Service (TIS) 13 14 50
National Relay Service for TTY Users 13 36 77

Email: gd@ncat.nsw.gov.au

Website: www.ncat.nsw.gov.au