

Customer's details

Full name	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Your Centrelink Reference Number (if known)	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Phone number	<input type="text"/> (<input type="text"/>) <input type="text"/>	Claim Number (if known)	<input type="text"/>	

This information will help the Australian Government Department of Human Services in determining if the customer can be paid Mobility Allowance.

Instructions for the customer

- 1 Complete your details above.**
- 2 Contact your doctor or specialist and make an appointment to have the Medical Report completed.**

Make sure the doctor and their receptionist know that you will need this report completed, as a long consultation may be required. If your doctor does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
- 3 Attend the appointment with your doctor or specialist.**
- 4 When your doctor or specialist has completed the Medical Report, it must be returned to us.**
- 5 Centrelink customers: Did you know you can lodge this form with us using Online Services or one of our Express Plus Apps?**

Go to humanservices.gov.au/submitdocumentsonline

Important – This request is a notice given under section 63 of the *Social Security (Administration) Act 1999*.

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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law. Where necessary Human Services or your assessor may contact your doctor(s) and other treating providers to clarify information provided about your medical conditions.

You can get more information about the way in which 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.

Information for the doctor

Completing this report

In this report you will be asked to provide information about your patient's medical condition(s). Please complete all the required questions in this report.

If you require another copy of the Medical Report, go to our website humanservices.gov.au/forms

If you need more information in order to complete the Medical Report call us on **132 717**.

Returning this report

You can give this report and any attachments to your patient or you can return this report directly to:

**Department of Human Services
Disability Services
Reply Paid 7806
CANBERRA BC ACT 2610**

NOTE: If completing by hand please use black or blue pen.

Request for clarification of additional information

The Department of Human Services, including staff from the Health Professional Advisory Unit, may make contact with you to discuss the information in this report. These contacts will only occur where information requires clarification.

Reimbursement for Services

We have asked your patient to let you (and your receptionist) know at the time of making their appointment that they require you to complete this report. This is to ensure you have sufficient time for the examination and completion of the report. The time taken to complete this report counts towards the length of the consultation. You can claim it as a long consultation.

For information about confidentiality, disclosure and privacy of information

See questions 10, 11 and 12.

Thank you for your assistance.



CLKOMA002 1501

1 This person has been: my patient since / /
a patient at this practice since / /

2 Does the patient have any **physical, psychiatric or intellectual disabilities**?

No ☐ **Go to 11**

Yes ☐ **Go to next question**

3 Does the patient have any **physical disabilities**?

No ☐ **Go to 5**

Yes ☐ Give details below

4 Taking into account the patient's **physical disabilities, illnesses or injuries**, indicate the level of difficulty affecting their ability to use public transport in relation to the following activities.

Note: *Ability to use public transport* means the patient's ability to use **any** form of public transport such as buses, trains, trams or ferries (not just transport modified for people with physical disabilities) in **any** location and at **any** time.

Activity	Level of difficulty when undertaking an activity				
	No difficulty	Minor difficulty	Moderate difficulty	Serious difficulty	Cannot do
	1	2	3	4	5
Walking 400 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing on public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting in public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing streets and negotiating kerbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiating steps in or out of public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiating a large flight of steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Does the patient have any **psychiatric or intellectual disabilities**?

No ☐ **Go to 7**

Yes ☐ Give details below

- 6 Taking into account the patient's **psychiatric/intellectual disabilities or illnesses**, indicate the level of their ability to use public transport in relation to the following skills.

Note: *Ability to use public transport* means the patient's ability to use **any** form of public transport such as buses, trains, trams or ferries in **any** location and at **any** time (not just the route or scheduled time the patient may have learned).

Skills

Level of ability against skills

	Full ability	Slightly limited	Moderately limited	Severely limited	No ability
	1	2	3	4	5
Personal survival skills – e.g. not a danger to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills – e.g. ability to relate to bus drivers or public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational skills – e.g. ability to handle money or buy tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition skills – e.g. ability to recognise landmarks or areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7 Is there any other information that you would like to provide about how the disabilities, illnesses or injuries limit your patient's ability to use public transport?

No ☐ ➤ *Go to next question*

Yes ☐ ➤ Give details below

- 8 Is the level of the patient's difficulty or discomfort in using public transport (because of their disabilities, illnesses or injuries) likely to be permanent or temporary?

Permanent ☐ ➤ *Go to 10*

Temporary ☐ ➤ *Go to next question*

- 9 How long is the patient's level of difficulty or discomfort in using public transport (because of their disabilities, illnesses or injuries) likely to last?

Less than 12 months ☐

12 months or longer ☐

10 Release of medical information

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your report which, if released to your patient, may harm his or her physical or mental well-being, please identify it and briefly state below why you believe it should not be released directly to the patient. 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 to the patient, might be prejudicial to his/her physical or mental health?

No ☐ ➤ *Go to next question*

Yes ☐ ➤ Identify the information and state why it should not be released directly to the patient

Continued

- 11 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*.

12 IMPORTANT INFORMATION FOR THE DOCTOR OR MEDICAL SPECIALIST
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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which 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.

13 Details of doctor completing this report

Please print in BLOCK LETTERS or use a stamp.

Name

Professional qualifications


Provider number

Address

	Postcode

Phone number

Signature



Date

Stamp (if applicable)

Returning this report

You can give this report and any attachments to your patient or you can return this report directly to us. However, if you answered 'Yes' at question 10, please make sure to return this report directly to Department of Human Services, Disability Services, Reply Paid 7806, CANBERRA BC ACT 2610.