NCAT
NSW Civil & Administrative Tribunal

January 2024

Health Professional Report Form for Special Treatment Applications

GUARDIANSHIP DIVISION

Use this form only if the person is over 16 years. For more information refer to the fact sheet 'Consent to special treatments' or contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

1. Person the application is about

title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (specify)

given names

family name

date of birth

gender

2. Name of applicant seeking consent

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

given names

family name

3. Your details and professional relationship to person

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

given names

family name

qualifications or speciality

organisation and position

postal address

suburb, state and postcode

daytime phone

mobile phone

email

In what capacity do you know the person?

How long have you known the person?

How often do you see the person?

When did you last see the person?

4. Disability and effect upon decision making

Attach any relevant supporting documents for evidence of disability and the contact details of those relevant practitioners.

Describe the person's disability

How long has the disability been evident?

Is the disability static, deteriorating, fluctuating or improving?

Please provide details of the diagnosis and history of the person's disability and its effect on decision making

5. Medical needs of the person

Attach any relevant supporting documents in relation to the person's medical condition and the contact details of those relevant practitioners. Include any relevant information about the reproductive health of the person, including any difficulties in relation to menstruation and gender reassignment, if applicable.

What is person's medical condition?

Is the person's condition stable?

6. Proposed treatment

Attach any relevant supporting documents in relation to the proposed treatment and the contact details of those relevant practitioners.

Explain the proposed treatment which is intended or reasonably likely to have the effect of rendering the person permanently infertile.

What are the risks and complications associated with the proposed treatment?

If surgery is contemplated:

☐ **Are there particular peri-operative medical problems associated with the operation?**

☐ **Would the person have any risks being an inpatient in the hospital setting and how would these be addressed?**

☐ **Is the person's home situation such that any post-discharge surgical routine care or complications would be able to be monitored and addressed?**

Are there alternative courses of treatment available for the person medical condition that would not render the person infertile?

☐ **No** ☐ **Yes** If yes, please describe these and give details of:

1. **General nature and effect of each of those courses of treatment**

2. **Nature and degree of the significant risks (if any) associated with each of those courses of treatment** **If long term hormonal contraceptive medication is an available alternative treatment, are there any specific medical problems for the person having this?*

3. **Whether these alternative courses of treatment have been attempted or considered and the outcome of this**

Please explain why the <u>particular</u> course of treatment proposed for the person should be carried out instead of the other alternative treatments described

Is the proposed treatment the most appropriate form of treatment of promoting and maintaining the person's health and well-being?

☐ **No** ☐ **Yes**

If yes, please explain how the treatment promotes and maintains the person's health and well-being.

Is the proposed treatment necessary to save the person's life?

☐ **No** ☐ **Yes**

If yes please explain why. *(Address question below if applicable)*

Is the proposed treatment necessary to prevent serious damage to the person's health?

☐ **No** ☐ **Yes**

If yes please explain why. *(Address question below if applicable)*

Are there any medical or disability-related problems that could make you consider that pregnancy, labour, and post-pregnancy states would be associated with serious damage to the person's health?

7. Capacity to consent to treatment

Attach any relevant supporting documents in relation to the person's capacity and the contact details of those relevant practitioners.

Is the person incapable of understanding the general nature and effect of the proposed treatment?

Is the person aware of all the choices available and does the person understand the consequences of each choice?

Discuss the indicators or evidence of the person's incapability to consent to the proposed treatment?

8. Wishes of the person

Describe what the person has communicated to you about the proposed treatment

Is there any relevant past conduct that has made the person's attitude to this treatment clear?

Are there any documents such as an advance care plan, an enduring guardianship appointment or other documents which may indicate the person's attitude to this treatment?

Explain what others (family, other professionals) consider the wishes of the person to be

9. Wishes of other relevant people

Are there other interested people (including guardians, enduring guardians, spouse / de facto spouse, carers, close family or friends) who have views about the proposed treatment? **If so, please describe those views**	

10. Person's attendance at the hearing

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 well-being, state the reasons for your opinion.

Will the person be attending the hearing?	☐ **Yes** ☐ **No** ☐ **Other** If no, please provide details why
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

11. Other relevant information

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

12. Providing this Report to others

The Tribunal will provide a copy of this report to the person about whom it is written and the other parties to the proceedings. The other parties are the applicant for consent and any other person the Tribunal has joined as a party to the proceedings.

If you have any concerns about disclosure of information from the report, please indicate below.

Have you discussed this report with the person?	☐ **Yes** ☐ **No**
Do you have concerns about disclosing the contents of this report to the person about whom it is written or the parties to the proceedings	☐ **Yes** ☐ **No** If yes, please explain any concerns.

13. Signature and acknowledgement

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