This article forms part of our ‘Paperwork’ series for 2011, providing information about a range of paperwork that general practitioners complete regularly. The aim of the series is to provide information on the purpose of the paperwork, and hints on how to complete it accurately. This will allow the GP to be more efficient and the patient to have an accurately completed piece of paperwork for the purpose required.

Centrelink forms
A guide for GPs

Centrelink is a Commonwealth Government agency that delivers payments and services to the Australian community. This article highlights the range of forms general practitioners are commonly asked to complete for Centrelink clients and provides tips on accurate completion of these forms. This article is based on information outlined in the Centrelink factsheet ‘Helpful information for medical practitioners: Centrelink medical report – Disability Support Pension’ and on the Centrelink and Department of Families, Housing, Community Services and Indigenous Affairs website. The information contained within this article has been checked for accuracy by Centrelink.

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Centrelink coordinates programs that deliver payments and services on behalf of the Commonwealth Government. Eligibility for some payments of these programs depends on the presence and impact of an illness, injury or disability in an individual or a person cared for by that individual. In these cases, the person’s general practitioner may be required to complete an assessment of the relevant medical condition and document this on the appropriate Centrelink form. In most cases patients will bring the form to the GP to complete. Some forms ask for significant detail and may require a longer than standard consultation to complete.

It is important to complete all parts of all questions and provide appropriate and accurate detail. The information will be used by Centrelink to make a final decision about eligibility (completing a form does not guarantee that the patient will be eligible for the support and services being applied for). The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation. Completed forms can be given to the patient or they can be posted directly to Centrelink (see Resources) if there is something in the form that the doctor feels the patient should not know (such as a terminal prognosis).

Centrelink Medical Report for Disability Support Pension

The Centrelink Medical Report (see Resources) is one of the commonest Centrelink forms that GPs are asked to complete. It is used by Centrelink to assist in determining whether a person fulfils the criteria for DSP for new DSP claims as well as for reviews. It is also used to inform Centrelink about the types of employment assistance programs or other benefits (eg. referral to Disability Employment Services) the person may benefit from.

To be eligible for a DSP, the person must have a permanent impairment that attracts a rating of at least 20 points under the ‘Tables for the Assessment of Work related Impairment for Disability Support Pension’ (the ‘impairment tables’). Permanent means the condition is fully diagnosed, treated (including all treatment options) and stabilised and likely to last for more than 2 years. The person must be unable to work for 15 hours or more per week because of the impairment. The decision on DSP eligibility is made based on all relevant information including the Centrelink Medical Report and a Job Capacity Assessment (JCA). Job Capacity Assessments are usually conducted by an allied health professional such as a psychologist, physiotherapist or occupational therapist.

Question 1 of the medical report asks ‘Does the patient have a terminal condition with a prognosis of less than 24 months?’ If the doctor answers ‘yes’ to this question, provided they meet the other eligibility criteria, Centrelink can grant the patient a DSP quickly and without a JCA. Other circumstances in which claimants may be granted DSP without the need for a JCA include permanent
blindness, HIV/AIDS Stage 4, severe intellectual disability and ‘nursing home level’ care.

If the patient has a temporary reduction in their ability to function because of their medical condition the medical report can be used as a medical certificate.

**Centrelink Medical Report for Mobility Allowance**

The Medical Report for Mobility Allowance is completed on a different form from the medical report for the DSP. On this form the doctor documents the patient’s disabilities, illnesses or injuries, the effect on their ability to use public transport in relation to a list of activities and skill, and how long these difficulties are likely to last. People can still qualify for Mobility Allowance if there is no public transport where they live. To be eligible for a Mobility Allowance a person must be aged 16 years or over, unable use public transport without substantial assistance and have a need to travel to and from home for work, job seeking or training, study or voluntary work.

**Centrelink Medical Report for Carer Payment and Carer Allowance**

Carers who personally provide daily care and attention to a person with a severe disability or severe medical condition or someone who is frail aged, may receive Carer Payment and/or Carer Allowance. There are different Centrelink medical reports depending on whether the carer is claiming Carer Payment and/or Carer Allowance and whether the care receiver is aged under 16 years (child) or 16 years or over (adult).

**Carer Payment and Carer Allowance for a child under 16 years of age**

For Carer Payment (child), the doctor completes a medical report form, which includes both medical and behavioural information sections for the child care receiver, as well as questions related to the presence of a terminal illness (whether the child is not expected to live for a period substantially greater than 24 months and requires continuous personal care).

For Carer Allowance (child), a form containing the Lists of Recognised Disabilities and the Disability Care Load Assessment (child) (DCLA) must be completed by the Treating Health Professional currently involved in the treatment of the child.

While these medical reports are also known as a ‘Treating Doctor Reports’, they are a different form to the assessment for Disability Support Pension. These medical reports can be only completed by specified allied Treating Health Professionals.

**Carer Payment and Carer Allowance for a person 16 years of age and over**

For Carer Payment and/or Carer Allowance (adult) the treating doctor will complete a medical report based on the Adult Disability Assessment Tool (ADAT). The ADAT’s purpose is to measure the level of care needed by an adult because of his or her disability.

These medical reports can only be completed by specified allied treating health professionals.

**Other payments for carers**

**Carer Supplement**

An annual payment to assist carers with the costs of caring for a person with a disability.

**Child Disability Assistance Payment**

An annual payment to assist carers with the costs of caring for a child with a disability.

**Carer Adjustment Payment**

A one-off payment to help families to adjust following a catastrophic event involving a child aged 0–6 years old (including severe illness, medical conditions and major disabilities). Claims for Carer Adjustment Payment are available for carers. Payments are assessed by an independent panel of experts. The child’s Medical Practitioner may be asked to submit a Medical Report to support the application of the Carer Adjustment Payment.

**Other Centrelink forms**

**Centrelink medical certificates**

Medical certificates are used by Centrelink to determine whether a person is eligible for Sickness Allowance or an exemption from participation requirements if the person is unemployed. To be granted an incapacity exemption the person must be temporarily unfit for all work because of illness, injury or disability. The doctor must state the diagnosis and prognosis that the person has less than 8 hours per week work capacity and the duration of this temporary condition (maximum 13 weeks). If the person can work in a reduced capacity, the doctor is required to detail the types of alternative or modified duties that may be performed and for how many hours a week. Centrelink uses this information to make an assessment of the patient’s ability fulfil their participation requirements.

Centrelink prefers the certification to be completed on an official Centrelink Medical Certificate form (SU415), however this is not mandatory. Forms can be ordered from Centrelink (see Resources) and most clinical medical software programs have an electronic version.

**Crisis, Disaster and Bereavement payments**

These forms are completed by the person claiming. However it is useful for GPs to know they exist for people who have been recently bereaved or affected by a natural disaster or personal crisis (eg. domestic violence).

**Resources**

- GPs with queries regarding medical reports (or to obtain the factsheet, ‘Helpful information for medical practitioners: Centrelink medical report – Disability Support Pension) can contact the Medicare Australia Centrelink Medical Forms helpline on 13 2150. All other treating health professionals should contact Centrelink on 13 2717
- Information on medical reports for healthcare providers: www.centrelink.gov.au or 13 2717
- Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA): www.fahcsia.gov.au
- Mailing address for posting Disability Support Pension forms and medical reports: Centrelink, PO Box 20, Ingleburn NSW 2565
- To order hard copies of Centrelink Medical Certificates contact 1800 801 667.

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