

This information will help the Australian Government agency, Services Australia to:

- confirm details of the main medical conditions affecting the person's capacity to work
- assess how these conditions affect the person's capacity to work or take part in other activities
- identify suitable interventions and assistance to help the person into work or stay in a job.

This form is not a medical certificate. It is **not** used to determine whether a person can be granted an exemption from their Mutual Obligation Requirements. Mutual Obligation Requirements means Activity Test or participation requirements under the *Social Security Act 1991*.

Instructions for the customer

- 1** Contact your medical practitioner and make an appointment to have this form completed.

Make sure the medical practitioner and their receptionist know that you will need this form completed, as a long consultation may be required. If your medical practitioner does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the form.

- 2** Attend the appointment with your medical practitioner.

- 3** When your medical practitioner has completed this form, return it:

- **by post to**
Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610

- **in person** at one of our service centres.

If you have any questions about this form, call us on **132 717**.

Note: Call charges may apply.

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

Privacy notice

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Information for the medical practitioner

Completing this form

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

If your patient is temporarily incapacitated for all work of at least **8 hours per week**, complete a **Medical Certificate (SU415)** form instead of this form. You can complete and lodge Medical Certificates electronically through Health Professional Online Services (HPOS). For more information go to servicesaustralia.gov.au/hpos

If you require another copy of this form, go to servicesaustralia.gov.au/forms

If you need more information in order to complete this form, call us on **132 150**.

Note: Call charges may apply.

Request for clarification of additional information

Services Australia, including staff from the Health Professional Advisory Unit, may make contact with you to discuss the information in this form. 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 form. This is to make sure that 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.

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 this form which, if released to your patient, may harm their physical or mental well-being, provide a statement identifying it and briefly state why it should not be released directly to the patient. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of this form.

Returning this form

You can give this form to your patient or return it **by post to:**

Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610

Patient's details

Family name

Given name(s)

Address

Postcode

Date of birth

Centrelink Reference Number

Condition 1

Condition 2

Condition 3

Diagnosis — List the main medical conditions which **significantly impact** on the patient's capacity to work

[Empty box for Condition 1 diagnosis]

[Empty box for Condition 2 diagnosis]

[Empty box for Condition 3 diagnosis]

Date of onset
(if known)

[Date of onset box for Condition 1]

Date of onset
(if known)

[Date of onset box for Condition 2]

Date of onset
(if known)

[Date of onset box for Condition 3]

Assessment — **1** – Temporary, **2** – Permanent (likely to persist for 2 years or more), **3** – Prognosis unclear

Tick ONE only

1 2 3

Tick ONE only

1 2 3

Tick ONE only

1 2 3

Symptoms — List current symptoms for each condition

[Empty box for Condition 1 symptoms]

[Empty box for Condition 2 symptoms]

[Empty box for Condition 3 symptoms]

Treatment — Describe the patient's treatment regime, including past, current and planned treatment

Past:
Current:
Planned:

Past:
Current:
Planned:

Past:
Current:
Planned:

Other medical conditions — Give details of any other conditions which significantly impact on the patient's capacity to work or study

[Empty box for other medical conditions]

Recommended assistance — List any interventions that could help the patient into work or stay in a job

[Empty box for recommended assistance]

Details of medical practitioner completing this form

Medical practitioner's name (printed)

[Name box]

Qualifications

[Qualifications box]

Provider no.

[Provider no. box]

Surgery/Medical Centre/ Hospital name

[Institution name box]

Address

[Address box]

Postcode

Phone number

[Phone number box]

Signature

[Signature box with icon]

Date

[Date box]



CLK0SU684 2003

Medical specialist privacy notice

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy