NDIS Quality and Safeguards Commission

Medication Purpose Form

Who is this form for?

This form is primarily for NDIS providers, however, NDIS participants and carers can use this form if required.

Why was this form developed?

The NDIS Quality and Safeguard Commission (NDIS Commission) has developed this form as a resource to support NDIS providers to provide person-centred support to people with a disability. This resource may be useful for medical practitioners to support NDIS providers to know what the purpose of the medication being prescribed is. NDIS providers have obligations under the NDIS Act 2013 and Rules to ensure that people with disability who are administered medication for the primary purpose of influencing their behaviour are further supported with positive behaviour support strategies. This form can also assist in keeping a record of the medications the participant has been prescribed and reduce the risk of medication interactions. As such, this form assists in ensuring NDIS providers are supporting NDIS participants safely and appropriately when medication is prescribed.

The NDIS Commission seeks to ensure that registered NDIS providers administering medication for the purposes of influencing behaviour have appropriate positive behaviour support strategies in place, together with any pharmacological interventions.

How to use this form?

This form is optional. There is no requirement for medical practitioners to complete the form, however, it will assist NDIS providers to support NDIS participants safely. This form can be printed for each medical practitioner prescribing medication and used with the consent of the participant or their legally authorised decision maker at each medical appointment.

The participant, carer or NDIS provider can take this medication form with them to the participant's next medical review or whenever a prescription medication is commenced or changed (including dosage and frequency). When using this form, it is important that possible side effects and changes to behaviour are documented in section A and communicated to the medical practitioner to inform their review. The effectiveness of the medication should also be documented, particularly if the medication has been prescribed to influence behaviour. In some jurisdictions, there are similar medication purpose forms being used as required by State and Territory authorisation heads or agencies. NDIS providers can continue to use the State or Territory Medication Purpose form or they can use the NDIS Commission Medication Purpose form. For consistency it is recommended that NDIS Providers use the NDIS Commission's Medication Purpose form.

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Participant Information

Section A

To be completed by the NDIS participant, carer or NDIS provider on behalf of a person with disability. This should be completed prior to a medical appointment.

Name of person:	Date of birth:	Date of appointment:
Residential address:		
Support person attending consult and their role:		
Has the person/participant or their substitute decision maker given informed consent to share information with medical practitioners and the NDIS Commission? ◯ Yes ◯ No		
Person(s) consenting to sharing information with medical practitioners and the NDIS Commission: ☐ Self ☐ Parent ☐ Guardian ☐ Other Specify:		
Treating medical practitioner's name: Professional title: ◯ General practitioner ◯ Psychiatrist ◯ Neurologist ◯ Paediatrician ◯ Other:		
Detail of most recent health/ medical review Name of medical practitioner: Date of review: Type of review (e.g. psychiatric review, annual comprehensive health assessment):		
Are there any possible side effects from a medication that need to be addressed with the medical practitioner?		
Have there been improvements in symptoms or behaviour since the last medication review? (If the medication is for influencing behaviour, behaviour data and incidents should be shared with the medical practitioner).		
Next scheduled appointment date:		

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Section B

To be completed by the medical practitioner. Alternatively, attach other evidence from the medical practitioner. This form should be updated whenever a medical review and or a medication change takes place.

<table>
<tr><td colspan="2">Medication name:</td><td colspan="2">Date: when prescribed/changed:</td></tr>
<tr><td>Route:</td><td>Dose:</td><td>Frequency:</td><td>PRN or Routine:</td></tr>
<tr><td colspan="4">Indications/Purpose of medication: Please tick only Option A or Option B to indicate the primary purpose of this medication:
◯ Option A: The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition
Please specify the diagnosed mental disorder, physical illness or physical condition:

◯ Option B: The primary purpose is to influence behaviour</td></tr>
<tr><td colspan="4">Potential side effects to be aware of:</td></tr>
</table>

Medical practitioner name _____

Medical practitioner signature _____

Date form completed _____

Medication Purpose

Medication name:		**Date:** when prescribed/changed**:**	
Route:	Dose:	Frequency:	PRN or Routine:

Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication:

◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition

Please specify the diagnosed mental disorder, physical illness or physical condition:

◯ **Option B:** The primary purpose is to influence behaviour

Potential side effects to be aware of:

Medication name:		**Date:** when prescribed/changed**:**	
Route:	Dose:	Frequency:	PRN or Routine:

Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication:

◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition

Please specify the diagnosed mental disorder, physical illness or physical condition:

◯ **Option B:** The primary purpose is to influence behaviour

Potential side effects to be aware of:

Medical practitioner name _____

Medical practitioner signature _____

Date form completed _____

Medication Purpose

Medication name:		**Date:** when prescribed/changed**:**	
Route:	Dose:	Frequency:	PRN or Routine:

Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication:

◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition

Please specify the diagnosed mental disorder, physical illness or physical condition:

◯ **Option B:** The primary purpose is to influence behaviour

Potential side effects to be aware of:

Medication name:		**Date:** when prescribed/changed**:**	
Route:	Dose:	Frequency:	PRN or Routine:

Indications/Purpose of medication: Please tick **only** Option A or Option B to indicate the primary purpose of this medication:

◯ **Option A:** The primary purpose of this medication is for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition

Please specify the diagnosed mental disorder, physical illness or physical condition:

◯ **Option B:** The primary purpose is to influence behaviour

Potential side effects to be aware of:

Medical practitioner name _____

Medical practitioner signature _____

Date form completed _____

Appendix: Medication Purpose Form

What is a chemical restraint?

Under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*, chemical restraint is defined as 'the use of medication or chemical substance for the primary purpose of influencing a person's behaviour'. It does not include the use of medication prescribed by a medical practitioner for the 'treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition'. For more information on chemical restraint you can also refer to the Regulated Restrictive Practices Guide | NDIS Quality and Safeguards Commission (ndiscommission.gov.au).

NDIS Provider Obligations

When registered NDIS implementing providers notify the use of a chemical restraint to the NDIS Commission, a copy of this form may also be attached to the notification. NDIS implementing providers are also free to use their own record keeping system to record that they have taken steps to identify whether a medication is a chemical restraint or not.

An NDIS provider must be registered to provide supports to a participant, if, during the provision of the supports, there is, or is likely to be, an interim or ongoing need to use a regulated restrictive practice in relation to the participant. A regulated restrictive practice includes a chemical restraint.

NDIS providers administering medication to persons with disability need to be aware of the primary purpose for which the medication was prescribed. If uncertain, an NDIS provider should engage early with the prescribing medical practitioner to clarify the primary purpose for which the medication was prescribed. An NDIS provider should engage with the prescribing medical practitioner to obtain sufficient information to assist in determining whether the prescribed medication constitutes a chemical restraint. This will determine the circumstances under which the NDIS provider can administer the medication as per the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*.

Only a medical practitioner can determine what (if any) prescription medication should be prescribed, for what purpose or purposes and how this medication should be administered safely. NDIS providers should follow these administration guidelines. Medical practitioners are only expected to explain why the medication was prescribed.

Practice Guidance

The below practice guidance may be of interest to anyone supporting a person with disability who takes medication.

Practice Alert: Polypharmacy | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Practice Alert: Medicines associated with swallowing problems | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Practice Alert: Dysphagia, safe swallowing and mealtime management | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Acknowledgments

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- Dr John Brayley, Chief Psychiatrist South Australia
- Dr Jane Tracy, Director of the Centre for Development Disability Health at Monash Health
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    - ACT Department of Community Services
    - NSW Department of Communities and Justice
    - Department of Health, Northern Territory Government
    - QLD Department of Communities, Disability Services and Seniors
    - Department of Human Services South Australia
    - Department of Communities Tasmania
    - Department of Health and Human Services Victoria
    - Department of Communities Western Australia.