



**FAMILY INTEGRATED
APPLICATION
MANAGEMENT SYSTEM
(iFAMS)**

For

FAMILY JUSTICE COURTS

**USER GUIDE for
Doctors**

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Content

Getting to iFAMS application webpage.....	4
Detailed steps on completing medical report in iFAMS	
Step 1: Initial Login.....	4
Step 2: Application Details.....	6
Step 3: Patient’s Medical Information.....	8
Step 4: Supporting documents.....	10
Step 5: Declaration page.....	12

Getting to iFAMS application webpage

- a. Type in <https://ifams.gov.sg/> in URL

Detailed steps on completing medical report in iFAMS

Step 1: Initial login

- a. Click on “Request to Upload Medical Report”

INTEGRATED FAMILY APPLICATION MANAGEMENT SYSTEM MENTAL CAPACITY ACT

APPLICATIONS FOR URGENT ORDERS
For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

APPLICATIONS FOR LONG TERM ORDERS
For long-term orders up to \$60,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)

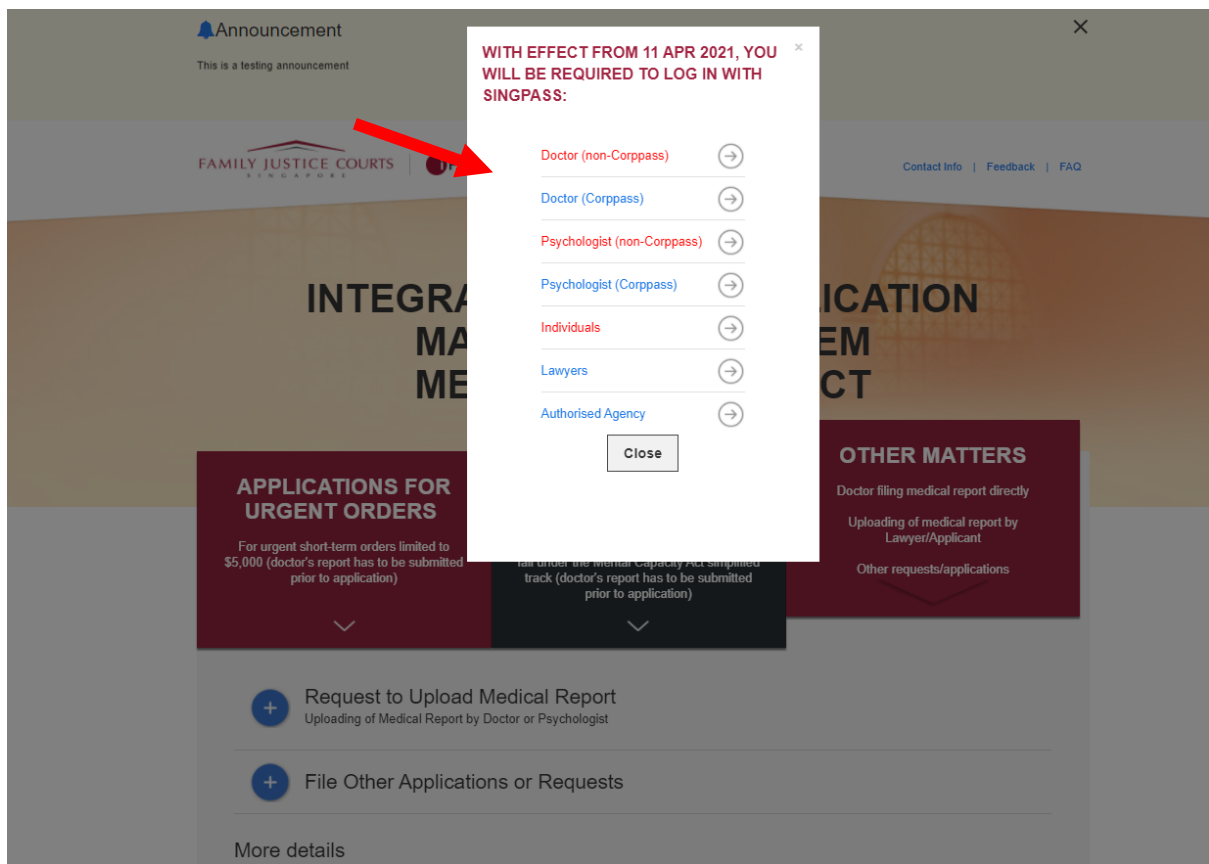
OTHER MATTERS
Doctor filing medical report directly
Uploading of medical report by Lawyer/Applicant
Other requests/applications

Request to Upload Medical Report
Uploading of Medical Report by Doctor or Psychologist

File Other Applications or Requests

More details
For more detailed information regarding the types of filling that may be done, please refer to the following [website](#).

b. Click on “Login for Doctor”



c. After “Instructions” and “Disclaimer” page, proceed and login via Singpass.

Step 2: Application information

- Please fill in the necessary information in page and proceed.

🔍 Doctor B ▾

MCA Medical Report

✔ Application Information✔ Medical Information✔ Supporting Documents✔ Declaration

DOCTOR'S DETAILS


ID Type	NRIC
ID Number	██████████
Name	Doctor B
Name of Hospital / Clinic / Institution *	██████████ ▾
MCR No.	██████████
Specialty *	Internal Medicine ▾
Appointment Held*	Consultant ▾
Qualifications and Experience in this area of work*	xx


A copy of the generated Medical Report will be sent to the email address below.

This function is to enable the system to send you a copy of the medical report which you are uploading. Please enter the email address carefully and avoid errors in order to protect patient confidentiality.

Email Address *	dr@ecq.com
Re-enter Email Address*	dr@ecq.com

APPLICANT'S DETAILS

Applicant's ID Type 

Applicant's ID Number 

Please ensure that the Applicant's ID Number is correct as only the holder of this ID Number will be able to file an application relying on your report.

Applicant's Email Address 

Applicant's Mobile Number

PATIENT'S DETAILS

Patient's ID Type 

Patient's ID Number 

Please ensure that P's ID Number is correct. Otherwise, the application will not be accepted when the Applicant files in future.

Patient's Name*

Patient's Date of Birth 

Patient's Age*

Previous

Save As Draft

Proceed

Step 3: Patient's Medical Information

a. Please fill in the necessary information in Patient's information and proceed.

MCA Medical Report

<input checked="" type="checkbox"/> Application Information	<input checked="" type="checkbox"/> Medical Information	<input type="checkbox"/> Supporting Documents	<input type="checkbox"/> Declaration
---	--	---	--------------------------------------

PATIENT'S MEDICAL INFORMATION

Date of physical / mental state examination: *

The examination of the patient should have taken place less than 12 months before the date of this report.

 | | |

Please note that copy and paste can be done using note-pad, you can also indicate as 'refer to attached report' in the mandatory boxes below, and thereafter upload the medical report under the supporting documents section.

Patient's Clinical History: *

Please provide sufficient detail to support your opinion in respect of P's mental capacity. The Applicant's application may be rejected if the information provided is not sufficient.

Physical / Mental State Examination Findings: *

Please provide sufficient detail to support your opinion in respect of P's mental capacity. The Applicant's application may be rejected if the information provided is not sufficient.

Relevant Investigation Results (if any):

You may leave this section blank if there are no relevant investigation results.

Diagnosis: *

Diagnosis: *

In my professional opinion

- a. the patient **does not** have mental capacity in respect of personal welfare and property and affairs matters;**and** ⓘ
- b. the patient is **not likely** to regain mental capacity;**and**
- c. the patient **would not** understand if he/she were to be informed of the proposed application to Court.

In my professional opinion

- a. the patient has **regained** mental capacity in respect of personal welfare and property and affairs matters;**and** ⓘ
- b. the patient **would** understand if he/she were to be informed of the proposed application to Court.

Is (or was) the Patient attending a Special Education School? ⓘ Yes No

Special Education School Name *

Cerebral Palsy Alliance Singapore School(CPASS) | v

The Patient is **unable** to make decisions on the following matters *

- All personal welfare and property and affairs matters.
- Only certain personal welfare and property and affairs matters as set out below:

I have reached this view because the patient is unable to do the following:

- understand information relevant to such a decision
- retain information relevant to such a decision
- use or weigh information as part of the process of making such a decision
- communicate his or her decision on such a matter

Previous

Save As Draft

Proceed

Step 4: Supporting Documents

- Please upload any supporting documents (if any) and ensure that the document is 100% uploaded and saved.

🔍 Doctor A ▾

MCA Medical Report

✔ Application Information✔ Patient's Medical Information✔ Supporting DocumentsDeclaration

SUPPORTING DOCUMENTS

If you wish to upload any relevant documents (e.g. investigation results), please do so on this page.

S/N	File Type	File	Action
+ Add a Document			

< Cancel & Exit Previous Save As Draft Proceed

Size	Status
150 kb	100%

150 kb	100%
--------	------

CloseSave

Please ensure that your file appears under “Supporting Documents” and proceed.



MCA Medical Report

🔍 Doctor A ▾

Progress bar with four steps: Application Information (checked), Patient's Medical Information (checked), Supporting Documents (checked), and Declaration.

SUPPORTING DOCUMENTS

If you wish to upload any relevant documents (e.g. investigation results), please do so on this page.

S/N	File Type	File	Action
1	Lab Investigation Report	Test Uploading.pdf	 

+ Add a Document

[< Cancel & Exit](#)

Previous

Save As Draft

Proceed

Step 5: Declaration Page

- a. Please confirm the declaration and submit.

TEST 2

MCA Medical Report

Application Information Medical Information Supporting Documents Declaration

Medical Report [Medical_Report.pdf](#)

DECLARATION

Please note that "P" refers to [redacted]

I confirm and declare as follows -

1. [redacted] (MCR No. [redacted] of [redacted], confirm that I am a registered medical practitioner in Singapore and that I hold a valid medical practising certificate.
2. I have read and understood [Sections 3, 4 and 5](#) of the Mental Capacity Act.
3. I am aware that my report is being adduced of the purpose of obtaining a declaration that P lacks mental capacity.
4. I am aware that a copy of this report may be sent to my hospital's medical records office or equivalent department.
5. I confirm that the medical report which I am submitting herewith is mine and that I accept full responsibility for this report.
6. I believe in the correctness of the opinion set out in my medical report.
7. As far as I am aware, no other doctor or medical professional holds a different opinion on this patient's medical condition and mental capacity.
8. I understand that in giving this medical report my duty is to the Court and I confirm that I have complied with this duty.

[< Cancel & Exit](#) [Previous](#) [Save As Draft](#) [Submit](#)

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You will be greeted with a "Confirmation" pop-up.

CONFIRMATION

Are you sure you want to proceed?

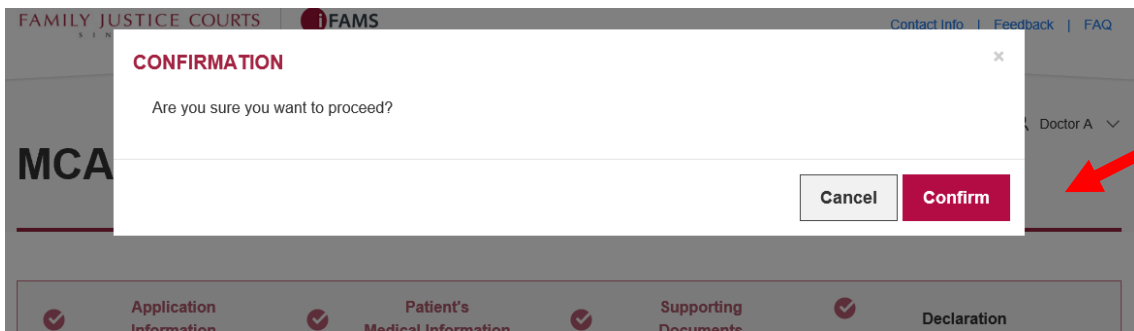
[Cancel](#) [Confirm](#)

FAMILY JUSTICE COURTS FAMS [Contact Info](#) | [Feedback](#) | [FAQ](#)

MCA

Application Information Patient's Medical Information Supporting Documents Declaration

Click “Confirm”.



You will be directed to “Acknowledgement” under “MCA Medical Report”.

MCA Medical Report

ACKNOWLEDGEMENT

Your Medical Report has been **successfully submitted** on 08/07/2019 at 03:26 PM.

Please remember to save a copy of your report. If you do not save a copy of your report, you will not be able to retrieve it from this system in future.

You can save a copy of your report by choosing the "View Medical Report" option and saving the document from there.

Please take note of the Reference ID: MR: [REDACTED]

If you entered an Email Address for the Applicant, a notification will be sent to the Applicant (S4659313H) to inform him/her that your report has been submitted.

[View Medical Report](#)

[Print Acknowledgement Page](#)

[Back to Homepage](#)

Once you have reached this point, your medical report has been submitted.

End