



**FAMILY INTEGRATED
APPLICATION
MANAGEMENT SYSTEM
(iFAMS)
For
FAMILY JUSTICE COURTS**

**USER GUIDE for
Doctors**

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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

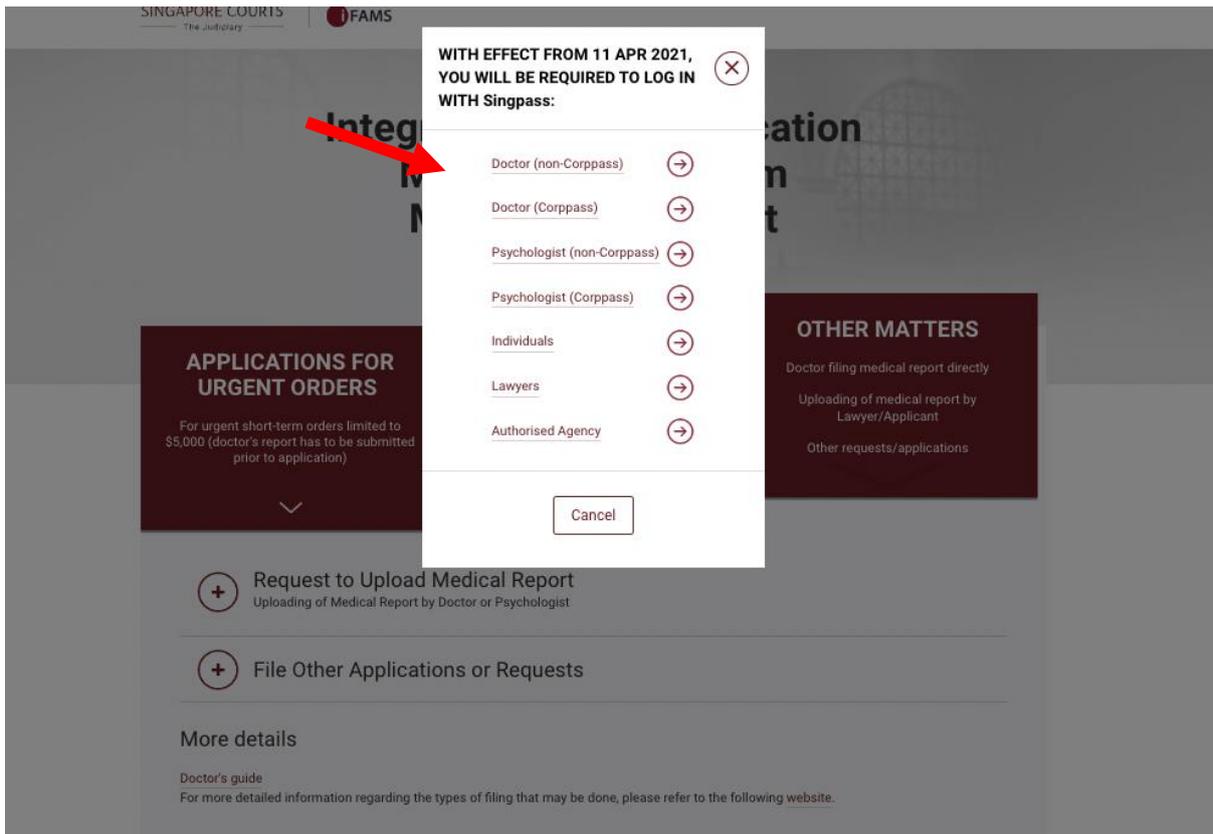
APPLICATIONS FOR URGENT ORDERS	APPLICATIONS FOR LONG TERM ORDERS	OTHER MATTERS
For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)	For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)	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

Doctor's guide
For more detailed information regarding the types of filing 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

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

MCA Medical Report



DOCTOR'S DETAILS

ID Type	NRIC
ID Number	[REDACTED]
Name	TEST 1
Name of Hospital / Clinic / Institution *	[REDACTED] ▾
MCR No.	[REDACTED]
Specialty*	Please select ▾
Appointment Held*	Please select ▾
Qualifications and Experience in this area of work*	<input type="text"/>

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 *	<input type="text" value="Doctor's Email Address"/>
Re-enter Email Address *	<input type="text" value="Doctor's Email Address"/>

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*

Step 3: Patient's Medical Information

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

MCA Medical Report



Application Information (Completed)

2

Medical Information (Active)

3

Supporting Documents (Incomplete)

4

Declaration (Incomplete)

PATIENT'S MEDICAL INFORMATION

Date of physical / mental state examination: *

The examination of the patient should have taken place less than 3 months before the date of this report.

DD



MM



YYYY



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 Unknown

Special Education School Name*

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

Step 4: Supporting Documents

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

MCA Medical Report



SUPPORTING DOCUMENTS

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

Please ensure that uploaded documents only contain 1 page per scanned sheet. Do not scan 2 or more pages into each scanned sheet. Documents which are not in compliance with this requirement may be rejected.

S/N	File Type	File	Action
-----	-----------	------	--------

+ Add a Document

Previous Save As Draft Proceed

Size	Status
183 kb	100%
183 kb	100%

Close Save

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

MCA Medical Report



SUPPORTING DOCUMENTS

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

Please ensure that uploaded documents only contain 1 page per scanned sheet. Do not scan 2 or more pages into each scanned sheet. Documents which are not in compliance with this requirement may be rejected.

S/N	File Type	File	Action
1	Lab Investigation Report	TEST Supporting doc.pdf	 

+ Add a Document

Previous

Save As Draft

Proceed

Step 5: Declaration Page

a. Please confirm the declaration and submit.

MCA Medical Report

Application Information (Completed) Medical Information (Completed) Supporting Documents (Completed) **4 Declaration (Active)**

Medical Report **Medical_Report.pdf**

DECLARATION

Please note that "P" refers to [REDACTED]

* [REDACTED] confirm and declare as follows -

1. I have read and understood Sections 3, 4 and 5 of the Mental Capacity Act.
2. I am aware that my report is being adduced of the purpose of obtaining a declaration that P lacks mental capacity.
3. I am aware that a copy of this report may be sent to my hospital's medical records office or equivalent department.
4. I confirm that the medical report which I am submitting herewith is mine and that I accept full responsibility for this report.
5. I believe in the correctness of the opinion set out in my medical report.
6. 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.
7. I understand that in giving this medical report my duty is to the Court and I confirm that I have complied with this duty.

Previous Save As Draft Submit

SINGAPORE COURTS

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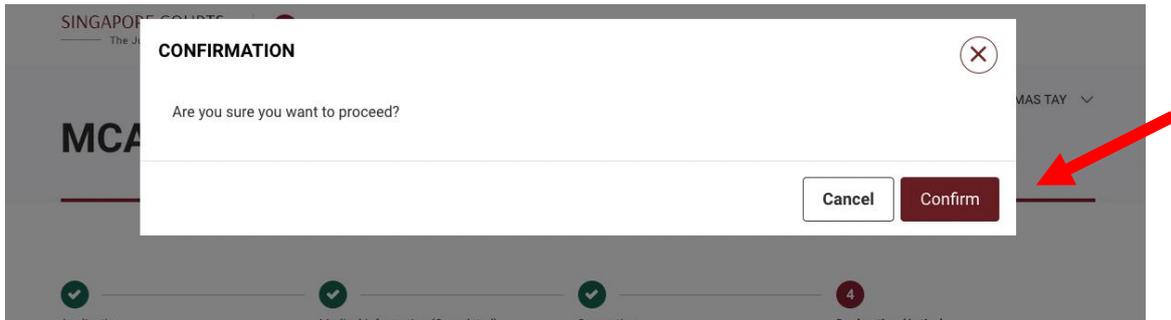
You will be greeted with a “Confirmation” pop-up.

CONFIRMATION

Are you sure you want to proceed?

Cancel Confirm

Click “Confirm”.



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

MCA Medical Report

✓ ACKNOWLEDGEMENT

Your Medical Report has been **successfully submitted** on 24/05/2023 at 09:56 AM.

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 [REDACTED] to inform him/her that your report has been submitted.

[View Medical Report](#) [Print Acknowledgement Page](#) [Back to Homepage](#)

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

End