

Template letter for medical practitioner

[Date]

Dear Dr [Name],

I am applying for a Disability Support Pension.

To be qualified for a Disability Support Pension, I must:

- Have a physical, intellectual or psychiatric condition that has a rating of at least 20 points under the Social Security Impairment Tables; and
- Be fully diagnosed, treated and stabilised, and my condition must be unlikely to significantly improve, with or without reasonable treatment, within the next two years;

and

- Be prevented, because of my impairment, from working more than 15 hours per week for the next two years; and
- Be prevented, because of my impairment, from undertaking a training activity that would equip me to work 15 hours per week within two years, independently of a program of support.

Unless I score 20 points under a single Impairment Table, I will be required to go onto Newstart Allowance and try to find work or participate in a training activity with the help of a program of support for a reasonable period.

It would be helpful if you could write a brief letter that addresses my situation in relation to the above criteria, including:

How many points, in your opinion, I should receive according to the Impairment Table(s).

- Whether my condition has been fully diagnosed. Please specify what treatment you are giving me for each of my conditions.
- Whether the treatment I am currently receiving, or any treatments reasonably available to me, are likely or unlikely to make a significant difference to my condition to the point that I could work for 15 hours a week or more within the next two years.
- Whether you think my condition is likely to get better, stay the same or get worse in the next two years (including with the treatments I am currently receiving or likely to receive).
- Whether you think I am unable to do any type of work for 15 hours a week or more over the next two years.
- Whether you think my medical condition means that my participation in a program of support program is likely or not likely to improve my capacity to find, get or stay in work.

Please address the letter "To Whom It May Concern" as I will likely be forwarding this letter to Centrelink and / or the Administrative Appeals Tribunal.

My only income is a Centrelink benefit. Can you please bulk bill this consultation and any other work done on my behalf.

Yours faithfully,

[Your signature]

[Your name]

[Your address]