

DSP Medical Report – Impairment of Functions Requiring Physical Exertion and Stamina – Severe – 20 points*

Re:

Date of Birth:

This is a report on the functional capacity of the above-named and is assessed from the date their DSP application was lodged on _____.

- 1. Date treatment commenced / /**
- 2. Diagnosis**
- 3. When diagnosis made**
- 4. Treatment/Medication**
- 5. Reason for incapacity**
- 6. Are the conditions(s) fully stabilised and unlikely to improve in the next two years?**
Yes/No
- 7. Do you believe that the client has a severe impairment for functions requiring physical exertion and stamina?**
Please circle each indicator relevant to the client and provide any further comments as necessary.
 - usually experience symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing light physical activities and, due to these symptoms, the person is unable to:
 - (a) walk (or mobilise in a wheelchair) around a shopping centre or supermarket without assistance; or
 - (b) walk (or mobilise in a wheelchair) from the carpark into a shopping centre or supermarket without assistance; or
 - (c) use public transport without assistance; or
 - (d) perform light day to day household activities (e.g. folding and putting away laundry or light gardening);

and:

- has or is likely to have difficulty sustaining work-related tasks of a clerical, sedentary or stationary nature for a continuous shift of at least 3 hours.

Comments

8. Is the client unlikely to be fit to work 15 hours or more per week in the next 2 years?

Yes/No

9. Will the client be able to return to work in the next 2 years with further treatment or additional assistance?

Yes/No

***if the client has multiple health problems s/he may be assessed separately under other impairment table(s)**

10. If the client started a Program of Support (POS) but didn't complete it, was that because of his/her medical condition?

(A POS is for people with at least 20 points on 2 or more impairment tables run by a job/disability service provider designed to assist them to prepare for, find and keep employment)

Yes/No

11. Other Comments

Name/Signature

Date

Qualifications