

DSP Medical Report – Impairment of Functions Requiring Physical Exertion and Stamina – Mild – 5 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 mild impairment for functions requiring physical exertion and stamina?**

Please circle each indicator relevant to the client and provide any further comments as necessary.

- Experience occasional symptoms (e.g. mild shortness of breath, fatigue, cardiac pain) when performing physically demanding activities and, due to these symptoms, the client has occasional difficulty;
- Walking (or mobilising in a wheelchair) to local facilities (e.g. a corner shop or around a shopping mall, larger workplace or training centre) without stopping to rest; or
- Performing physically active tasks (e.g. climbing a flight of stairs or mobilising up a long, sloping pathway or ramp if in a wheelchair) or heavier household activities (e.g. vacuuming the floors or mowing the lawn);

and, is able to:

- perform most work-related tasks, other than tasks involving heavy manual labour (e.g. digging carrying or moving heavy objects, concreting, bricklaying, laying pavers).

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: