

DSP Medical Report – Impairment of Functions Requiring Physical Exertion and Stamina – Moderate – 10 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 moderate impairment for functions requiring physical exertion and stamina?**
Please circle each indicator relevant to the client and provide any further comments as necessary.
 - Experience frequent symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing day to day activities around the home and community and, due to these symptoms, the client:
 - (a) is unable to walk (or mobilise in a wheelchair) far outside the home and needs to drive or get other transport to local shops or community facilities; or
 - (b) has difficulty performing day to day household activities (e.g. changing the sheets on a bed or sweeping paths);

and, is able to:

- use public transport and walk (or mobilise in a wheelchair) around a shopping centre or supermarket; and
- perform work-related tasks of a clerical, sedentary or stationary nature (that is, tasks not requiring a high level of physical exertion).

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