

## DSP Medical Report – Impairment of Functions of the Ear – 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 of functions of the ear?**

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

- Have some difficulty hearing a conversation at an average volume in a room with background noise (e.g. other people talking quietly in the background); and
- may use a hearing aid, cochlear implant or other device; and
- has difficulty hearing conversations when using a standard telephone, particularly in a room with background noise;

OR,

- the client has occasional difficulty with balance (e.g. occasional dizziness) or ringing in the ears which occasionally interferes with communication ability or routine activities due to a medically diagnosed disorder of the inner ear (e.g. Meniere's disease, or tinnitus).

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: