

## DSP Medical Report – Impairment of Visual Function 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 of visual function?

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

- The client has moderate difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn or the person has very limited vision to the sides when looking straight ahead or the person has other significant loss in their field of vision (e.g. patches where they can see nothing or very little); and
- the client needs to use vision aids or assistive devices other than spectacles and contact lenses for some tasks; and
- has difficulty performing some day to day activities involving vision (e.g. difficulty seeing the print letters, signs or route numbers on approaching buses or at train stations);  
AND, one or more of the following applies
- the client has some difficulty seeing routine workplace, educational or training information (e.g. signs, safety information, or manuals) and may need to use alternative formats (e.g. large print), assistive devices or technology for vision in work, training or educational settings;
- the client has moderate discomfort when performing day to day activities involving the eyes (e.g. frequent watering of the eyes, frequent difficulty opening the eyes, or moderate difficulty

moving or coordinating the eyes, or unable to tolerate normal levels of light indoors or outdoors);

- the client has only 1 eye or functional vision in only 1 eye and has mild problems with the vision in their only functioning eye.

BUT, the client is able to function independently in familiar environments, that is, without regular assistance from other people AND is able to travel independently using public transport when using any assistive devices they have and usually use.

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: