

DSP Medical Report – Impairment of Continence Function - 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 of continence?

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

In respect of continence of the bladder,

- the person's condition may affect the comfort or attention of co-workers; or
- the person has continual dribbling of urine throughout the day; or
- the person has major leakage from the bladder (e.g. a large amount of urine – enough to soak through a prescribed continence pad and clothes) at least every day but not every hour.

In respect of continence of the bowel,

- the person's condition may affect the comfort or attention of co-workers; or
- the person has minor leakage from the bowel (e.g. enough faecal matter to soil underwear or continence pad but not outer clothes) every day; or

- the person has major leakage from the bowel (e.g. enough faecal matter to fully soil underwear or a continence pad) at least weekly.

In respect of continence aids,

- the person's condition may affect the comfort or attention of co-workers; or
- the person has a stoma, or uses a catheter or other collection device to manage their continence and needs some assistance from another person to manage the continence aid; or
- the person wears continence pads and needs some assistance to change these during the day.

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: