

## DSP Medical Report – Impairment of the Skin 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 the skin?**

Regarding the minor adaptations to some daily activities that the client has to make, does one or more of the following apply? Please circle each indicator relevant to the client and provide any further comments as necessary.

- The client has minor difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. mild allodynia) and may need to wear protective gloves for some tasks, apply protective cream to the hands, or limit repetitive tasks involving use of the hands;
- The client has minor difficulties performing activities involving use of other parts of the body due to minor skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. mild allodynia);
- The client has minor difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (e.g. as a result of certain medications or past history of skin cancers) and needs to take higher than normal precautions to limit exposure to sunlight.

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: