

DSP Medical Report – Impairment of Upper Limb Functions 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 functional impairment of the hands or arms?

Is the client able to manage most daily activities requiring the use of the hands and arms, but has some difficulty with most of the following? Please circle each indicator relevant to the client and provide any further comments as necessary.

- picking up heavier objects (e.g. a 2 litre carton of liquid or carrying a full shopping bag);
- handling very small objects (e.g. coins);
- doing up buttons;
- reaching out to pick up objects.

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