

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

Does the client have difficulty with most of the following? Please circle each indicator relevant to the client and provide any further comments as necessary.

- picking up a 1 litre carton full of liquid;
- picking up a light but bulky object requiring the use of 2 hands together (e.g. a cardboard box);
- holding and using a pen or pencil;
- doing up buttons or tying shoelaces;
- using a standard computer keyboard;
- unscrewing a lid on a soft-drink bottle.

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: