

## DSP Medical Report – Impairment of Lower Limb Function – 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 lower limbs?**

Does at least one of the following apply to the client? Please circle each indicator that applies to the client and provide any further comments as necessary.

- the person has some difficulty walking to local facilities (e.g. shops or bus-stop); or
- the person has some difficulty walking around a shopping mall or supermarket without a rest;
- or the person has some difficulty climbing stairs;

and, at least one of the following applies:

- the person is unable to stand for more than 10 minutes;
- the person can mobilise effectively but needs to use a lower limb prosthesis or walking stick.

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: