

## DSP Medical Report – Impairment of Lower 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 of the lower limbs?

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

- the client is unable to walk far outside their home and needs to drive or get other transport to local shops or community facilities; or
- the client is unable to use stairs or steps without assistance; or
- the client is unable to stand for more than 5 minutes;

and:

- the client is able to use public transport or a motor vehicle and walk around in a shopping centre or supermarket.

This impairment level rating includes a person who can:

- move around independently using a wheelchair and can independently transfer to and from a wheelchair (e.g. can use a wheelchair accessible toilet independently); or
- move around independently using walking aids (e.g. quad stick, crutches or walking frame).

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