

DSP Medical Report – Impairment of Lower Limb Function Severe – 20 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 severe functional impairment of the lower limbs?

Is the client unable to do any of the following? Please circle each indicator relevant to the client and provide any further comments as necessary.

- walk around a shopping centre or supermarket without assistance;
- walk from the carpark into a shopping centre or supermarket without assistance;
- stand up from a sitting position without assistance;

and:

- requires assistance to use public transport.

This impairment level includes a person who requires assistance to:

- move around in, or transfer to and from a wheelchair (e.g. the person needs personal care assistance to use a toilet); or
- move around using walking aids (e.g. a quad stick, crutches or walking frame), that is, the person needs assistance from another person to walk on some surfaces and could not move

independently around a workplace or training facility, even when using a walking aid.

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:

