

## DSP Medical Report – Impairment of Spinal 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 spinal functional impairment?**

Please circle each indicator relevant to the client and provide any further comments as necessary.

- Is the client able to sit in or drive in a car for at least 30 minutes?

And, does at least one of the one of the following apply?

- the person is unable to sustain overhead activities (e.g. accessing items over head height); or
- the person has difficulty moving their head to look in all directions (e.g. turning their head to look over their shoulder); or
- the person is unable to bend forward to pick up a light object placed at knee height; or
- the person needs assistance to get up out of a chair (if not independently mobile in a wheelchair).

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: