

DSP Medical Report – Mental Health Impairment - 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 for activities because of his/her mental health condition?

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

- Self care and independent living (e.g. the person needs some support, that is, an occasional visit by or assistance from a family member or support worker, to live independently and maintain adequate hygiene and nutrition);
- Social/recreational activities and travel (e.g. the person goes out alone infrequently and is not actively involved in social events; or, the person will often refuse to travel alone to unfamiliar environments);
- Interpersonal relationships (e.g. the person has difficulty making and keeping friends or sustaining relationships);
- Concentration and task completion (e.g. the person finds it very difficult to concentrate on longer tasks for more than 30 minutes, such as reading a chapter from a book; or, the person finds it difficult to follow complex instructions, such as from an operating manual, recipe or assembly instructions);
- Behaviour, planning and decision-making (e.g. the person has difficulty coping with situations involving stress, pressure or performance demands; or, the person has occasional behavioural or mood difficulties, such as temper outbursts, depression, withdrawal or poor judgement; or, the person's activity levels are noticeably increased or reduced);

- Work/training capacity (e.g. the person often has interpersonal conflicts at work, education or training that require intervention by supervisors, managers or teachers or changes in placement or groupings).

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: