

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

Does the client have severe 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 client needs regular support to live independently, that is, needs visits or assistance at least twice a week from a family member, friend, health worker or support worker);
- Social/recreational activities and travel (e.g. the client travels alone only in familiar areas, such as the local shops or other familiar venues);
- Interpersonal relationships (e.g. the client has very limited social contacts and involvement unless these are organised for the person; or, the person often has difficulty interacting with other people and may need assistance or support from a companion to engage in social interactions);
- Concentration and task completion (e.g. the client has difficulty concentrating on any task or conversation for more than 10 minutes; or, the person has slowed movements or reaction time due to psychiatric illness or treatment effects);
- Behaviour, planning and decision-making (e.g. the client's behaviour, thoughts and conversation are significantly and frequently disturbed);

- Work/training capacity (e.g. the client is unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness).

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: