

DSP Medical Report – Impairment of Functioning Related to Alcohol, Drug and Other Substance Use

Mild – 5 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 mild functional impairment from alcohol, drug or other harmful substance use?

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

- The client engages in alcohol or illicit drug use and experiences some physical or cognitive effects that carry over into working hours (e.g. poor concentration, lethargy, irritability); or
- the client has occasional difficulties in reliably attending work, education or training sessions or appointments or completing duties or assigned tasks; or
- the client is sometimes absent from work, education or training activities due to the effects of alcohol, drugs or other harmful substance use.

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: