

DSP Medical Report – Impairment of Brain 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. Whether you believe that the client has a severe impairment of brain function?

Does the client need occasional (less than once a day) assistance with day to day activities and has moderate difficulties in at least one of the following? Please circle each indicator relevant to the client and provide any further comments as necessary.

- Memory (e.g. the person often forgets to complete regular tasks of minor consequence such as putting the bin out on rubbish night; or, the person often misplaces items; or, the person needs to use memory aids, such as shopping lists, to remember any more than 3 or 4 items);
- Attention and concentration (e.g. the client has some difficulty concentrating on complex tasks for more than 30 minutes; or, the client has significant difficulty focusing on a task if there are other activities occurring nearby);
- Problem solving (e.g. the person has difficulty solving some day to day problems or problems not previously encountered and may need assistance or advice from time to time);
- Planning (e.g. the person has difficulty planning and organising new or special activities, such as planning and organising a large birthday party);
- Decision making (e.g. the person has some difficulty in prioritising and decision making and displays poor judgement at times, resulting in negative outcomes for self or others);
- Comprehension (e.g. the person has difficulty understanding complex instructions involving multiple steps and may need more prompts, written instructions or repeated demonstrations than peers to complete tasks);
- Visuo-spatial function (e.g. the person has some difficulty with visuo-spatial functions, such as difficulty reading maps, giving directions or judging distance or depth, but this does not result in major limitations in day to day activities);

- Behavioural regulation (e.g. The person occasionally, less than once a week, has difficulty controlling behaviour in routine situations, such as showing frustration or anger or losing temper for minor reasons but displays no physical aggression);
- Self awareness (e.g. the person lacks awareness of own limitations, resulting in mild difficulties in social interactions or problems arising in day to day activities).

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: