

## DSP Medical Report – Impairment of Brain Function 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 impairment of brain function?**

Does the client need frequent (at least once day) assistance with day to day activities and have severe 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 is unable to remember routines, regular tasks and instructions; or, the person has difficulty recalling events of the past few days; or, the person gets easily lost in unfamiliar places);
- Attention and concentration (e.g. the person is unable to concentrate on any task, even a task that interests the person, for more than 10 minutes; or, the person is easily distracted from any task);
- Problem solving (e.g. the person is unable to solve routine day to day problems, such as what to do if a household appliance breaks down, and needs regular assistance and advice);
- Planning (e.g. the person is unable to plan and organise routine daily activities (such as an outing to the movies or a supermarket shopping trip);
- Decision making (e.g. the person is unable to prioritise and make complex decisions and often displays poor judgement, resulting in negative outcomes for self or others);
- Comprehension (e.g. the person is unable to understand basic instructions and needs regular prompts to complete tasks);
- Visuo-spatial function (e.g. the person is unable to perform many visuo-spatial functions, such as reading maps, giving directions, including to the person's house, or judging distance or depth, resulting in stumbling on steps or bumping into objects);
- Behavioural regulation (e.g. the person is often, more than once a week, unable to control behaviour even in routine, day to day situations and may be verbally abusive to others or threaten physical aggression);

- Self awareness (e.g. the person lacks awareness of own limitations, resulting in significant 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: