

DSP Medical Report – Impairment of Communication 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. Whether you believe that the client has a severe impairment of communication functions?

Please circle each indicator relevant to the client and provide any further comments as necessary.

(A) Either:

- The person has severe difficulty understanding day to day language in unfamiliar environments or relating to non-routine tasks, even where a sentence or instruction includes only a single step (e.g. 'put the book next to the pencils') and needs instructions repeated or gestures or physical demonstration in order to understand; or at least one of the following applies:
- the person has severe difficulty in producing speech (e.g. a severe stutter or stammer), difficulty coordinating speech movements or damage to speech structures (e.g. vocal cords, larynx) which makes speech very effortful or very slow;
- the person's speech is difficult for strangers to understand;
- the person uses a limited vocabulary of words in speech (e.g. fewer than 50 words)
- the person's speech is clear but is not used appropriately, (e.g. has frequent echolalia - compulsively repeats words or what the other person says), frequently swears or uses abusive language as a result of a condition (e.g. Tourette's syndrome) and is unable to sustain a normal conversation for even a few minutes;

(B) OR, the person uses alternative or augmentative communication (e.g. sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to assist in communication); and

- the person is unable to speak clearly and is completely reliant on a recognised sign language (e.g. Auslan or signed English); or
- the person needs to use an electronic communication device to communicate with others in places such as shops, workplace, education or training facility and is unable to be understood without this device; or
- the person is unable to speak and uses handwriting or typing to communicate; or
- the person is unable to speak and uses the assistance of a note taker to communicate.

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: