# DSP Medical Report – Impairment of Functions of the Ear – 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

1. Are the conditions(s) fully stabilised and unlikely to improve in the next two years?

Yes/No

1. Do you believe that the client has a severe impairment of functions of the ear?

Does the following apply to activities involving hearing (communication) function or functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device or sign language interpreting? Please circle each indicator relevant to the client and provide any further comments as necessary.

* The client has severe difficulty hearing any conversation even at raised volume in a room with no background noise (that is, is unable to hear someone speaking to them in a loud voice, or is not able to hear someone shouting a warning (e.g. ‘Look out!’)); and
* the client is unable to hear sounds needed for personal or workplace safety (e.g. a smoke alarm, fire evacuation siren, or car or truck horn); and
* the client is reliant on captions to follow a television program or movie; and
* the client needs to use a captioned telephone; and
* the client is completely reliant in all situations on a recognised sign language (e.g. Auslan), lip reading, other non verbal communication method (e.g. note taking) to converse with others;

OR,

* The client has continual difficulty with balance (e.g. the person has continual dizziness or has to sit down or hold on to a solid object) or continual ringing in the ears that interferes with hearing, due to a medically diagnosed disorder of the inner ear (e.g. Meniere’s disease or tinnitus).

Comments

1. Is the client unlikely to be fit to work 15 hours or more per week in the next 2 years?

Yes/No

1. 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)**

1. 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

1. Other Comments

Name/Signature:

Date:

Qualifications: