# DSP Medical Report – Impairment of Functioning Related to Alcohol, Drug and Other Substance Use 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 functional impairment from alcohol, drug or other harmful substance use?

Do most of the following apply to the client? Please circle each indicator relevant to the client and provide any further comments as necessary.

* the person neglects personal care, hygiene, nutrition and general health;
* the person spends most of the time using, procuring or recovering from the effects of, alcohol, drugs or other harmful substance use;
* there is medical or psychological evidence that the person has physical or cognitive impairment resulting from excessive use of alcohol, drugs or other harmful substances (e.g. diagnosed end organ damage, psychological or psychiatric assessment showing sustained and significant impairment or behavioural dysfunction linked to brain damage resulting from substance use);
* remission is only very brief if it occurs;
* the person is frequently absent from work, education or training activities due to the effects of alcohol, drugs or other harmful substance use.

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: