# DSP Medical Report – Impairment of Functions Requiring Physical Exertion and Stamina – 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

1. Do you believe that the client has a moderate impairment for functions requiring physical exertion and stamina?

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

* Experience frequent symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing day to day activities around the home and community and, due to these symptoms, the client:

1. is unable to walk (or mobilise in a wheelchair) far outside the home and needs to drive or get other transport to local shops or community facilities; or
2. has difficulty performing day to day household activities (e.g. changing the sheets on a bed or sweeping paths);

and, is able to:

* use public transport and walk (or mobilise in a wheelchair) around a shopping centre or supermarket; and
* perform work-related tasks of a clerical, sedentary or stationary nature (that is, tasks not requiring a high level of physical exertion).

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