# DSP Medical Report – Impairment of Visual 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

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 visual function?

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

* The client has severe difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn; and
* the client needs to use vision aids or assistive devices other than spectacles and contact lenses for many tasks; and
* the client has severe difficulty performing many day to day activities involving vision (e.g. difficulty distinguishing between different types of food in tins or packets, seeing the level of fluid in a cup or reading aisle signs in the supermarket even when standing close to these);

AND, either:

* is unable to see routine workplace, educational or training information (e.g. signs, safety information, or manuals) even when using any assistive devices or technology that they have; or
* needs assistance  to use public or other means of transport to travel to work, educational or community facilities even when using any assistive devices that they have (e.g. a guide dog or cane);

AND,

* the client is unable to move around independently in unfamiliar environments.

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: