# DSP Medical Report – Impairment of Consciousness – 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. Whether you believe that the client has a severe impairment of consciousness?

In regard to the severe functional impact from loss of consciousness or altered state of consciousness during waking hours when occupied with a task or activity, does the client? Please circle each indicator relevant to the client and provide any further comments as necessary.

Have either,

* episodes of involuntary loss of consciousness, which occur at least once each month; and which require the person to receive first aid measures and may require emergency medication or hospitalisation; or
* episodes of altered state of consciousness, which occur at least once per week; and during which the person’s functional abilities are affected (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode);

AND,

* is unable to perform many activities of daily living between episodes; and
* cannot obtain a driver’s licence on medical grounds and has other safety-related restrictions on activities; and
* is unable to attend work, education or training activities, for at least 15 hours per week.

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: