# DSP Medical Report – Impairment of Upper Limb 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 functional impairment of the hands and arms?

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 client has limited movement or coordination in both arms or both hands, or has an amputation rendering a hand or arm non-functional;
* the client has severe difficulty handling, moving or carrying most objects even when using or wearing any prosthesis or assistive device that they have and usually use;
* the client has difficulty using a computer keyboard despite appropriate adaptations;
* the client has severe difficulty using a pen or pencil;
* the client has severe difficulty turning the pages of a book without assistance.

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: