# DSP Medical Report – Mental Health Impairment - Mild – 5 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 mild functional impairment for activities because of his/her mental health condition?

Does the client have mild difficulties with most of the following? Please circle each indicator relevant to the client and provide any further comments as necessary.

* Self care and independent living (e.g. the person lives independently but may sometimes neglect self-care, grooming or meals);
* Social/recreational activities and travel (e.g. the person is not actively involved when attending social or recreational activities; or, the person sometimes is reluctant to travel alone to unfamiliar environments);
* Interpersonal relationships (e.g. the person has interpersonal relationships that are strained with occasional tension or arguments);
* Concentration and task completion (e.g. the person has difficulty focusing on complex tasks for more than 1 hour; or, the person has some difficulties completing education or training);
* Behaviour, planning and decision-making (e.g. the person has unusual behaviours that may disturb other people or attract negative attention and may sometimes be more effusive, demanding or obsessive than is appropriate to the situation; or, the person has slight difficulties in planning and organising more complex activities);
* Work/training capacity (e.g. the person has occasional interpersonal conflicts at work, education or training that require intervention by a supervisor, manager or teacher or changes in placement or groupings).

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: