

|  |
| --- |
| Providing evidence to test NDIS eligibility: |
| Clinician report template |

*<insert letterhead>*

*<insert date>*

To: National Disability Insurance Agency (NDIA)

**Re*: <insert name and date of birth>* of *<insert address>***

This report is in support of the above named person’s application for the National Disability Insurance Scheme (NDIS).

*<insert name>* is diagnosed with *<insert diagnosis>*, has been a registered client of *<treating service>* since *<insert date>* and is currently treated by;

Consultant Psychiatrist: *<insert name>*

Psychiatric Registrar: *<insert name>*

Key Clinician: *<insert name>*

*<Provide brief context to clinical service delivery e.g. bed-based, community, outreach and, if appropriate, frequency of contact>.*

I can confirm *<insert name>*,experiences significant impairments in the following life areas as a result of *his/her* mental illness. Although the impact of the mental illness and impairments can vary over time the following assessment reflects functional capacity on an average day.

#### Mobility *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

Due to

* side effects of treatment (dizziness, tremor, weight gain, shortness of breath involuntary movements affecting trunk, arms or legs, impaired balance, coordination and/or physical health),
* slowed movements or reaction time due to symptoms.

*<insert name>* is unable or has difficulty

* transferring in and out of bed or chair,
* using public transport
* shopping
* preparing meals – walking with hot food or drink, using knives/food preparation equipment, cutlery
* using more than *<indicate maximum number>* stairs
* standing more than 30 minutes
* walking more than 100 metres
* crossing roads

#### And requires this type of assistance to independently mobilise

* Aids/ equipment to overcome movement difficulties.
* Mobility Allowance (current recipient)
* equipment to assist meal preparation
* adapted cutlery

#### Communication *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

#### Due to

* side effects of treatment (slurred speech, involuntary movements affecting the mouth and tongue)
* difficulties interpreting communication, concentrating, reading nuances of verbal and non-verbal cues

*<insert name>* is unable or has difficulty

* being understood
* following instructions, conversations and/or directions
* asking for help when needed
* understanding others
* expressing needs
* communicating with various professionals regarding health and social support needs
* using phone, email, mail

#### And requires this type of assistance

* Support to attend appointments, assist with interactions, to help communicate everyday activity needs,
* Support to develop skills, implement strategies to organise thinking and behaviour and provide coaching and feedback/behavioural support.
* Aids equipment to overcome communication difficulties.

#### Social interaction *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

Due to

* difficulties initiating and responding to conversations, establishing, trust
* social avoidance, withdrawal or isolation
* sensitivity to particular environments and stimulus (e.g. crowds, excessive noise)
* unusual behaviours, intrusiveness, thoughts or conversation that may attract negative attention or be inappropriate to the situation
* severely disturbed behaviour which may include unprovoked aggression towards others
* side effects of treatment (extreme restlessness, hypersensitivity to light)

*<insert name>* is unable or has difficulty

* accessing the community *<e.g. does not leave house, cannot drive/use public transport>*
* talking to strangers or particular people
* making and keeping friendships
* sustaining relationships (including family)
* coping with feelings and emotions, interacting with other people – friction, avoidance
* connecting with faith/spirituality/volunteering/community
* attending social or recreational activities *<no social contacts and involvement unless these are organised for the person>*
* with vulnerability to the influence of others
* attending work, education or training *<provide details of last work/training if relevant>*
* engaging when attending social or recreational activities
* using public transport
* travelling alone to unfamiliar environments
* feeling safe
* engaging with support providers and/health professionals

#### And requires this type of assistance

* Community access and transport assistance. Support to accompany when attending social activities for a period of time/until trust and relationships established.
* Encouragement through guided supervision and promoting participation in social and community activities and to build natural/informal supports.
* Support to engage in social interactions and provide feedback.
* Support to develop skills, provide motivation, accompany to build confidence, provide feedback.
* Behavioural support, weekly relationship coaching or mentoring
* Equipment to assist person to cope with symptoms
* Provision of assisted transport/low stimulus options.

#### Self-management *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

Due to

* impaired concentration, organisation, memory, motivation, judgement
* mood disturbances
* difficulty coping with situations involving stress, pressure or performance demands
* impulsivity
* slowed or racing thoughts
* side effects of treatment (lethargy, restlessness, sedation/drowsiness)

*<insert name>* is unable or has difficulty *<areas of need>*

* organising, planning
* making decisions
* managing emotional health – including use of joint wellness plan, coping strategies, recognising when becoming unwell, implementing strategies when becoming unwell
* concentrating for 10 minutes or more
* managing day to day activities
* having a regular routine – getting done what was planned
* attending appointments
* solving problems that arise
* attending to responsibilities.
  + household responsibilities (e.g. laundry, paying bills, housecleaning),
  + managing money (include history of bankruptcy if relevant)
  + shopping/cooking
* behaving safely/responsibly
* keeping safe in home environment (food storage, use of stove etc.)
* maintaining tenancy/managing tenancy issues
* self-advocacy
* with vulnerability to exploitation

**And requires this type of assistance**

* Support to supervise, prompt, support with care of house, managing money, getting services, problem solving, develop new skills, support coordination.
* Support to make decisions (Guardianship order in place)
* Support with managing finances (Administration order in place), financial counselling
* Support to develop and implement budget
* Support to develop skills to maintain tenancy.
* Devices that can assist with cognitive problems

#### Self-care *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

#### Due to

* side effects of treatment (sedation, dizziness, tremor, weight gain, shortness of breath involuntary movements affecting trunk, arms or legs, impaired balance, coordination and/or physical health),
* impaired concentration, organisation, memory, motivation, judgement
* cognitive impairments impacting on skill development and maintenance

*<insert name>* is unable or has difficulty

* maintaining adequate diet/nutrition
* showering/bathing regularly
* grooming, toileting, dental hygiene
* caring for own health needs – including maintaining physical health, dental health, sexual health and wellbeing
* managing medication
* shopping, cooking, cleaning and laundry
* learning new tasks
* exercising regularly
* identifying and implementing activities promote health and wellbeing
* establishing a routine that supports health and wellbeing – including a balance of “work, rest and play”

#### And requires this type of assistance

* Assistive equipment to enable self-care activities (see also ‘Mobility’).
* Access to healthy lifestyle/health promoting activities including nutritionist/dietitian, exercise physiologist/personal trainer, food preparation/cooking lessons
* Support to provide prompts/cues, supervise (e.g. for safety), assist (e.g. work alongside), encourage and provide feedback.
* Devices to assist with cognitive problems e.g. electronic reminders, monitors/feedback devices, visual cues and prompts.

#### Learning *<delete section or text if not applicable. Provide examples to illustrate where relevant >*

Due to

* impaired concentration, organisation, memory, motivation, judgement
* difficulty coping with situations involving stress, pressure or performance demands
* impulsivity
* slowed or racing thoughts
* side effects of treatment (lethargy, restlessness, sedation/drowsiness)

*<insert name>* is unable or has difficulty

* learning new things
* understanding and remembering information
* practicing, mastering and using new skills
* following instructions and paying attention
* completing tasks

#### And requires this type of assistance

* Equipment that assists with recording and organising.
* Support to assist with learning and engaging in new activities, develop required skill and provide feedback/behavioural support
* Devices that can assist with cognitive problems.

If you wish to contact me about *<insert name>’*sapplication for the NDIS please do not hesitate to contact me on *<insert phone number/email>.*

Yours Sincerely,

*<Full name>*

*<Professional Qualification>*

|  |
| --- |
| To receive this publication in an accessible format phone insert phone number, using the National Relay Service 13 36 77 if required, or email insert name of email address and make this the live link <email address>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health and Human Services month year.  ISBN/ISSN number (online/print)  Available at insert web site or web page name and make this the live link <web page address>  Printed by insert printing company name, suburb (insert design job number in brackets) |