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| 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>*

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