Conditions affecting functions requiring physical exertion and stamina

This questionnaire is for a person with a condition which results in functional impairment related to physical exertion and stamina. It relates to Table 1 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023*

Treating Doctor (practice and specialisation)

Name: _____

Practice: _____

Specialisation: _____

Signature: _____ **Date:** _____

Name of patient: _____

Condition 1

Diagnosis

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.

Past and current treatment

Provide information about all past and current treatment for this condition (e.g. surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

Treatment	**Date commenced**	**Dosage/frequency/ end date of treatment**

Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

Name	Specialisation	Date of consultation

Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

Planned treatment 1:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Planned treatment 2:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

Impact on ability to function

The following questions are about how the condition and its treatment currently impact on the person's ability to function.

Examples of conditions considered on this table include cardiac or respiratory impairments, diabetes, renal and other organ failure, cancer, chronic pain, ME/CFS, lymphedema and fibromyalgia.

Mobilisation

Describe the person's ability to walk or mobilise with assistive technology:

- To the local shops and facilities
- From a carpark to the shop or facility
- Inside and around a shopping centre
- Use public transport
- Inside the person's home

Please include whether they can do this without a person assisting and when required and not just once or rarely and what post exertional malaise may result.

Household activities

Describe the person's ability to do tasks around the home e.g. vacuuming, mowing, changing bedsheets, washing dishes, dusting, folding clothes, laundry and light gardening.

Please include whether they can do this when required and not just once or rarely and what post exertional malaise may result.

Ability to sustain activities

Describe the person's ability to undertake personal care activities e.g. showering, bathing and grooming.

Please include whether they can do this when required and not just once or rarely and what post exertional malaise may result.

Ability to sustain activities

Describe the impact on the person's ability to sustain work activity or other tasks, including any need for breaks due to symptoms and frequency of breaks required.

Please include whether they can do this when required and not just once or rarely and what post exertional malaise may result.

Work related tasks

Describe the person's ability to undertake work related tasks including how many hours they could undertake sedentary or clerical work in a day or a week.

Please include whether they can do this when required and not just once or rarely and what post exertional malaise may result.

Future impact on ability to function

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate
- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Give details: