Conditions affecting digestive and reproductive function

This questionnaire is for a person with a condition which results in functional impairment related to digestive or reproductive system functions. It relates to Table 10 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

Examples of **digestive conditions** are: diseases affecting the mouth, salivary glands, oesophagus, stomach, intestines (small or large intestine), pancreas, liver, gall bladder, bile ducts, rectum or anus.

Personal care needs include the need to take medications when symptoms occur, care of special feeding equipment (e.g. percutaneous endoscopic gastrostomy button or special feeding tube), special diets or feeding solutions, strategies to relieve pain, additional toileting and personal hygiene needs.

Examples of **reproductive system** conditions may include: gynaecological diseases (eg severe and intractable endometriosis, ovarian cancer) and conditions of the male reproductive system (e.g. testicular cancer).

Personal care needs include strategies to relieve pain or more frequent menstrual care.

The questionnaire for continence function should be used for a person who requires continence and ostomy care (i.e. a person with an ileostomy or colostomy).

Functional impairment (e.g. on work related or daily activities) may be due to symptoms or personal care needs associated with the condition.

Attention and concentration

Describe the impact on the person's attention and concentration to a task due to pain, other symptoms, or personal care needs, including frequency.

Attendance at work/education/training

Describe the impact on the person's attendance at work/education/training activities, including frequency of any absence due to symptoms or personal care needs.

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.

Travel and participating in the community

Describe any adverse impact the person's condition may have on the person's ability to use lifts, pubic transport, be near others and engage in activities outside of their home

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: