Conditions affecting visual function

This questionnaire is for a person with a condition which causes visual impairment. It relates to Table 12 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

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

This questionnaire is for people with a condition resulting in functional impairment when performing activities involving visual function. Examples are diabetic retinopathy, glaucoma, retinitis pigmentosa, macular degeneration, cataracts, congenital blindness and brain tumours.

The diagnosis of the condition must be supported with evidence from an ophthalmologist, optometrist, neurosurgeon or neurologist.

The questionnaire should be answered with the person using any visual aids they usually use (e.g. spectacles, contact lenses).

Use of vision aids or assistive devices

Give details about any vision aids or assistive devices the person uses, including the tasks or situations they need to use them in.

Vision

Describe the impact on the person's vision, including any difficulty seeing objects to the side or in the centre of their vision (e.g. patches where they see nothing or very little in their field of vision and any difference between the vision of each eye.

Reading

Describe the impact of the condition on the person's ability to read, including whether any difficulty with reading newspapers, magazines and food items.

Mobility

Describe any impact on the person's ability to see road or street signs or bus numbers including difficulty at night as compared to daylight.

Does the person need assistance to travel around the community or use public transport?

- ☐ Yes
- ☐ No

If yes, please provide details.

Impact on workplace activities

Describe any impact on the person's ability to perform tasks in work, training or educational settings (e.g. difficulty seeing routine workplace, educational or training information such as signs, safety information or manuals) and any need to use alternative formats (e.g. large print), assistive devices or technology for vision in this context.

Impact on daily activities

Describe any other impact on the person's performance of day to day activities involving the eyes (e.g. discomfort such as watering of the eyes, difficulty opening eyes, or moving or co-ordinating the eyes, or difficulty tolerating bright lights and sunlight), including the degree and frequency of any problems and any difficulty with using computer screens.

Is the person able to move around and perform day to day activities without assistance, in familiar and unfamiliar environments?

- ☐ Yes
- ☐ No

If no, please provide details (e.g. in which environment/s is assistance needed in).

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

Provide details: