Conditions affecting skin function

This questionnaire is for a person with a condition which results in functional impairment related to the skin. It relates to Table 14 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 (eg 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 a person with a condition resulting in functional impairment related to disorders of, or injury to, the skin. Examples include dermatological conditions or burns.

Activities involving use of hands

Describe any impact on the person's ability to perform activities involving use of their hands (e.g. due to skin lesions, dermatitis, skin allergies, scarring or chronic pain from e.g. allodynia), including:

- whether the person needs to make adaptations to daily activities (e.g. wear protective gloves, apply protective cream to the hands, avoid contact with detergents and soaps, limit repetitive tasks involving use of the hands); and
- any activities the person is unable to perform or which require modification or more time to perform.

Activities involving use of parts of the body other than the hands

Describe any impact on the person's ability to perform activities involving use of parts of the body other than the hands (e.g. due to skin lesions or creams or dressings for them, dermatitis, skin allergies, scarring from burns or chronic pain from e.g. allodynia), including:

- whether the person needs to make adaptations to daily activities; and
- any activities the person is unable to perform or which require modification or more time to perform.

Activities involving exposure to sunlight

Describe any impact on the person's ability to perform activities involving exposure to sunlight due to heightened sensitivity to sunlight (e.g. as a result of certain medications or past history of skin cancers, albinism or other genetic conditions) and any higher than normal precautions the person needs to take to limit exposure to sunlight (e.g. sunscreen or wearing a hat at all times, limiting time spent outside in sunlight).

Ability to wear required clothing or footwear

Describe any impact on the person's ability to wear clothing or footwear likely to be required in the workplace, including items of personal protective equipment (e.g. protective glasses, ear defenders, safety jacket, gloves, safety boots, safe shoes or hard hat).

Independence

Give information about any assistance the person needs during the day.

Provide information about any restriction on the person's ability to attend work, education or training continuously and the reasons for that restriction (e.g. difficulty or discomfort resulting from scarring, need to apply creams or wear dressings, reactions to sunlight or contact with certain substances).

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:

