Conditions affecting functions spinal function

This questionnaire is for a person with a condition which results in functional impairment related to spinal function. It relates to Table 4 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

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

Functional impairment with respect to bending or turning the back, trunk or neck is relevant.

Restrictions on overhead tasks resulting from shoulder conditions should be considered under Impairment Table 2 – Upper Limb Function.

Restrictions resulting from hip conditions or lower limb impacts resulting from lumbar spine conditions should be rated under Table 3 – Lower Limb Function

Some spinal conditions can be assessed under multiple tables if Table 4 – Spinal Function does not assess all relevant impairments.

Sitting or driving a car

Describe the impact on the person's ability to sit in a chair or drive in a car (include any limit, for how long at a time)

Overhead activities

Describe any impact on overhead activities (attributable to spinal conditions, excluding any shoulder conditions), such as activities involving looking up or accessing items above head height (include any limit as to how long the person can sustain those activities).

Bending forward/turning trunk

Describe any impact on the person's ability to bend forward or turn their trunk, including bending forward to pick up light objects (e.g. piece of paper or item weighing less than 1 kg), including the level to which the person can bend (hip height, knee height, floor).

Range of movement of head/neck

Describe any impact on the range of movement of the person's head/neck, including whether they can turn their head/neck independently of their trunk.

Sitting and rising from a chair

Describe any assistance the person needs to get up out of a chair (if not independently mobile in a wheelchair), assistance can include monitoring for risk of fall.

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: