Conditions affecting mental health function

This questionnaire is for a person with a condition which results in functional impairment related to mental health. It relates to Table 5 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 (please state diagnostic tool used i.e. DSM-5 or ICD)

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.
Note: For the purpose of the impairment tables, the diagnosis must be made by an appropriately qualified medical practitioner (which includes a psychiatrist or GP), with evidence from a clinical or registered psychologist (if the diagnosis has not been made by a psychiatrist).

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.

This includes recurring episodes of mental health impairment due to a mental health condition. For mental health conditions that are episodic or fluctuate, the answer that best reflects the person's overall functional ability should be applied, taking into account the severity, duration and frequency of the episodes or fluctuations.

ADHD may be assessed under this Table unless it manifests as predominantly impacting attention and concentration in which case Table 7 should be used.

ASD may be assessed under this Table where the person does not have a low I.Q. Table 7 may also be used.

Self-care and independent living

Describe any impact on the person's ability to self-care and live independently, including any need for support (e.g. hygiene or meals). Give details of any need for support (e.g. how often, by whom and assistance with which tasks).

Social/recreational activities and interpersonal relationships

Describe any impact on the person's ability to engage in social/recreational activities (including whether they attend social/recreational events, how often, whether they engage in activities when there, whether support is required).

Describe any impact on the person's ability to form and sustain interpersonal relationships including any need for support during interpersonal interactions.

Travel and accessing the community

Describe any impact on the person's ability to travel and access the community (including travel to and from unfamiliar environments independently) (e.g. reluctance to travel alone to unfamiliar environments), and utilising community facilities such as local shops or other familiar venues and public transport.

Concentration and task completion

Describe any impact on the person's ability to concentrate and complete tasks (e.g. difficulty focussing on complex or longer tasks, following along with conversations, following complex instructions, limited duration of concentration on and/or following along with tasks (please specify time), slow reactions or movements due to psychiatric illness or treatment).

If there is an impact, please comment specifically on the person's ability to complete training or educational courses.

Behaviour, planning and decision-making

Describe any impact on the person's behaviour, thoughts, conversation, planning or decision-making (e.g. difficulty coping with situations involving stress, pressure, or performance demands, temper outbursts, depression, withdrawal)

Work/training capacity

Describe any impact on the person's capacity to undertake work or training (e.g. interpersonal conflicts at work, education or training requiring supervision or other changes in the workplace), including whether they pose any risk to the safety of themselves or co-workers. Please comment specifically on any difficulties the person experiences in attending work, education or training regularly over a lengthy period.

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: