Functioning relating to alcohol, drug and other substance abuse

This questionnaire is for a person with a condition which results in functional impairment related to alcohol, drug and other substance use. It relates to Table 6 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 person's ability to function is affected by excessive use of alcohol, drugs or other harmful substances (e.g. glue or petrol), including prescription drugs. It applies to people who have current, continuing alcohol, drug or other harmful substance use disorders and those in active treatment.

Former users with resulting ongoing impairments should be assessed under the relevant impairment table (e.g. if past substance abuse has resulted in permanent neurological impairment, then Table 7 in relation to brain function should be used). Table 5 – Functions of Mental Health should be used if past substance abuse has resulted in mental health impacts.

Use of alcohol/drugs/other harmful substances

Describe the person's pattern of use of alcohol/drugs/other harmful substances, including amount of time spent using, procuring or recovering from the effects of alcohol/drugs/other harmful substances.

History of treatment and remission

Describe the person's history of treatment and any periods of remission. If the person is currently in a period of remission (e.g. currently receiving methadone treatment), describe their current treatment and length of current remission, include any detox, rehab, therapy, medication and other medical interventions.

Physical or cognitive impacts

Describe any physical or cognitive effects of the person's substance use (e.g. poor concentration, lethargy, irritability, liver or other organ failure, brain injury) and whether those effects persist into working hours. Include details of any diagnosed physical, psychological, psychiatric or cognitive impairment resulting from excessive use of alcohol/drugs/other harmful substances.

Impact on work/education/training/appointments

Describe the impact of the person's use of alcohol/drugs/other substances on their attendance at work or other appointments and their ability to complete duties or assigned tasks at work. Include any impact from the need to procure the substance or recover from the use of a substance and the risk of harm to self for others.

Personal care and other activities of daily living

Describe the impact of the person's use of alcohol/drugs/other substances on their personal care, hygiene, nutrition, general health and other activities of daily living.

Family and social relationships and activities

Describe the impact of the person's use of alcohol/drugs/other substances on their family relationships, social relationships and interaction and community involvement.

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: