Evidence of psychosocial disability form

NDIS applicant's name: _____

Date of birth: _____

NDIS reference number (if known): _____

Section A **To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.**

Section A completed by: _____

Qualifications: _____

Organisation/Practice: _____

Contact number: _____

1 Presence of a mental health condition

I have treated the applicant since _____

I can confirm that they have a mental health condition.

☐ Yes ☐ No

Diagnosis (Or, if no specific diagnosis has been obtained, please briefly describe the mental health condition.)	**Year diagnosed**

Has the applicant ever been hospitalised as a result of the condition(s) above?

☐ Yes ☐ No

☐ Hospital discharge summary attached

Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

History of hospitalisation	
Dates of admission	Hospital name

2 Impairments resulting from the mental health condition

An impairment is a loss of, or damage to, a physical, sensory or mental function (including perception, memory, thinking and emotions).

Please review the completed section B of this form. Are the impairments described consistent with your clinical opinion and observations?

☐ Yes ☐ No (If no, please explain the discrepancy in the space provided below, and describe the impairments in 2A.)

2A OPTIONAL: In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:
- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
Social interaction • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context.	
Self-management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including: • completing daily tasks • making decisions • problem solving • managing finances • managing tenancy. Are there any community treatment orders / guardianships / financial administrations in place?	
Self care Activities related to: • personal care • hygiene • grooming • feeding oneself • care for own health.	
Communication • Being understood • Understanding others • Expressing needs • Appropriate communication	
Learning • Understanding and remembering information • Learning new things • Practicing and using new skills	
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	

3 Confirmation of likely-to-be-permanent impairments

The applicant has tried the following treatments for the condition/s listed.

☐ Treatment summary attached

Or, if treatment summary is not available, please list treatments in the following table.

Medication, treatment or intervention (includes non-pharmacological supports)	**Date started**	**Date ceased**	**Effect on the impairments**				
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated

Are there any known, available and appropriate evidence-based clinical, medical or other treatments likely to remedy the impairment/s?

☐ Yes ☐ No

Please explain.

Do you consider that the applicant's impairment/s, caused by their mental health condition/s, are likely to be permanent?

☐ Yes ☐ No

4 Further information

I have attached existing reports or other information that may support the NDIS application.

☐ Yes ☐ No

Please list any attachments and add any comments, explanations or further information.

Signature_____ Date_____

Section B **To be completed by the applicant's support worker or appropriate person.**

Section B completed by: _____

Job title: _____

Organisation: _____

Contact number: _____

5 Abbreviated Life Skills Profile (LSP-16)

(Note: You need to complete training on the LSP-16 before using it.
Training is available at https://www.amhocn.org/.)

Assess the applicant's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crisis, when the patient was ill, or becoming ill.

	0	1	2	3
Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws total or near totally
Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
Is this person generally well groomed (e.g. neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
Is this person violent to others?	Not at all	Rarely	Occasionally	Often
Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
Does this person maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem

	0	1	2	3
Does this person generally look after and take her or his prescribed medication (or attend for prescribing injections on time) without reminding?	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
Is this person willing to take psychiatric mediation when prescribed by a doctor?	Always	Usually	Rarely	Never
Does this person co-operate with health services (e.g. doctors and/or other health workers)?	Always	Usually	Rarely	Never
Does this person generally have problems (e.g. friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
Does this person behave offensively (includes sexual behavior)?	Not at all	Rarely	Occasionally	Often
Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	Capable of full-time work	Capable of part-time work	Capable only of sheltered work	Totally incapable of work

6 Impairments experienced as a result of the mental health condition

In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:
- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
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Self care Activities related to: • personal care • hygiene • grooming • feeding oneself • care for own health	
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Learning • Understanding and remembering information • Learning new things • Practicing and using new skills	
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	

7 Comments or additional information

Please add any comments, explanations or further information.

Signature_____ Date_____