# 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** |
|---|---|
| | |
| | |
| | |

| **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**

| Date of admission | Hospital name |
| --- | --- |
| | |
| | |
| | |

## 2. Impairments resulting from the mental health condition(s)

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 complete the table in section 2A of this form to describe the impairments.)

## 2A. Optional

In the table below, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed and must be experienced on a daily basis. Please provide a description for all domains where the applicant experiences an impairment. 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. Please write n/a if there are no impairments in a domain.

| Domain | Description of the impairments present |
| --- | --- |
| **Social interaction**<br><br>• Making and keeping friends<br>• Interacting with the community<br>• Behaving within limits accepted by others<br>• Coping with feelings and emotions in a social context. | |
| **Self-management**<br><br>Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including:<br><br>• completing daily tasks<br>• making decisions<br>• problem solving<br>• managing finances<br>• managing tenancy.<br><br>Are there any community treatment orders / guardianships / financial administrations in place? | |

| Domain | Description of the impairments present |
| --- | --- |
| **Self care**<br><br>Activities related to:<br>• personal care<br>• hygiene<br>• grooming<br>• feeding oneself<br>• care for own health | |
| **Communication**<br>• Being understood<br>• Understanding others<br>• Expressing needs<br>• Appropriate communication | |
| **Learning**<br>• Understanding and remembering information<br>• Learning new things<br>• Practicing and using new skills | |
| **Mobility**<br><br>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. Ensure you tick a box next to the treatment(s) to indicate how effective it is on the impairment.

| **Medication, treatment or intervention** (includes non-pharmacological supports) | **Date started** | **Date ceased** | **Effective** | **Partially effective** | **Not effective** | **Unsure** | **Not tolerated** |
|---|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |

| Medication, treatment or intervention (includes non-pharmacological supports) | Date started | Date ceased | 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 an appropriately skilled mental health professional, peer worker, mental health 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 ☐ |

| | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| 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 their 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 their 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 medication 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. Please provide a description for all domains where the applicant experiences an impairment. You do not need to complete all domains.

Please consider:

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| **Mobility**<br><br>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 ______________________

Developed by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2019.