

Example letter structure for DSP medical evidence or reports

This resource has been designed by Social Security Rights Victoria to aid health professionals when creating medical evidence in support of their patients' Disability Support Pension. Please ensure this letter is provided on your letterhead, dated and signed. For more information or to provide feedback on this template visit <https://dsphelp.org.au/for-health-professionals>

Re: [Patients Name] Disability Support Pension Application

State your patient's name and your relationship to them

State if the condition/s are fully diagnosed

- What are the condition/s?
- When were the condition/s diagnosed? (date)
- Who diagnosed the condition/s? (if known)

State if the condition/s are fully treated and fully stabilised

- Provide a history or summary of the patient's treatment
- Is the condition likely to improve in the next 2 years?
- Will further treatment that is reasonably available (within the next 2 years) allow the patient to return to work?
- Are there treatments the patient has not pursued? If so, why? (e.g. too expensive or too risky)

Provide an assessment of the level of impairment (i.e. impact on day to day functional ability) against the Impairment Tables

- Note the table/s of assessment and impairment rating/s for the condition/s
- Outline functional impact using descriptors within selected table/s ([see how to use the Impairment Tables](#))
- It is important to use the terminology as set out in the Impairment Tables rather than the terminology you usually use (e.g. what you may call a 'moderate' impairment may be 'severe' within the criteria of the Impairment Tables, and this is important as you should use the terminology that aligns with the actual level of functional impairment described in the relevant table/s)
- If you are unable to use the Impairment Tables, please describe what the patient can and cannot do, as a result of their impairments

Comment on your patient's ability to work

- Is the patient likely to be fit to work 15 hours or more per week in the next 2 years?
- In your opinion, will the client be able to return to work in the next 2 years with further training, treatment or additional assistance?
- In your opinion, will the patient benefit from or be able to participate in a Program of Support (i.e. a program designed to overcome barriers to work, delivered by a Disability Employment Service or similar)?

Outline any relevant attachments

Name/Signature:

Date:

Qualifications: