

When to use this form



Treating health professionals can use this form to help patients provide medical evidence for a Disability Support Pension (DSP) new claim or medical review.

As a treating health professional, you can use this form to evaluate your patient's medical evidence and make sure it includes relevant information about their condition(s).

Important information

Use of this form is optional – a person claiming or receiving DSP is not required to give this form to us. The information you provide here may help us better understand your patient's circumstances and allow us to assess their claim faster.

For more information about how to help with your patient's claim, go to servicesaustralia.gov.au/hpdsp

Eligibility for Disability Support Pension

To be medically eligible for DSP, your patient must meet either the:

- manifest medical rules
- general medical rules.

Manifest medical rules

Your patient may be manifestly medically eligible for DSP if any of the following applies and is supported by medical evidence that clearly shows they:

- are permanently blind
- need nursing home level care
- have a terminal illness with average life expectancy of less than 2 years
- have an intellectual disability with an IQ of less than 70
- have category 4 HIV/AIDS
- are getting a Department of Veterans' Affairs Disability Compensation Payment at the Special Rate (totally and permanently incapacitated) paid under the *Veterans' Entitlements Act 1986*.

General medical rules

If your patient's condition does not meet the manifest rules for DSP, they need to meet the general medical rules.

To be medically eligible for DSP, your patient must have a medical condition that meets all of the following rules. The condition:

- is likely to persist for more than 2 years
- is diagnosed, reasonably treated and stabilised
- has an impairment rating of 20 points or more
- will stop your patient from working at least 15 hours per week in the next 2 years.

Non-medical rules

To be granted DSP, your patient also needs to meet all other eligibility criteria for their circumstances, including age, residence and income and assets tests.

Medical evidence requirements for Disability Support Pension

Information we need about your patient's conditions

Your patient must provide medical evidence to support their DSP claim or medical review. We require medical evidence for each condition that significantly affects your patient's ability to work.

In most cases, we need current information about the diagnosis, treatment, symptoms, functional impact and prognosis for each condition.

In all cases, we need the full names and contact details of your patient's treating health professional(s).

This helps us to confirm which health professionals have been involved in the assessment and treatment of any conditions with significant functional impact. It also helps us if we need to make contact to clarify medical evidence.

We generally need information about **all** of the following:

Diagnosis

- Diagnosis of the conditions that impact your patient's ability to function.
- When each condition was diagnosed.
- The name, qualification and contact details of the health professional who made the diagnosis.

Treatment and care

- The type of treatment, including rehabilitation, undertaken in the past, and currently being undertaken.
- Treatments ruled out as ineffective or unsuitable (if applicable).
- Planned or future treatment, including whether your patient is on a waiting list, and the duration of any waiting lists.
- If your patient needs specific care because of their condition, including nursing home level or palliative care.
- Identify any aids, equipment or assistive technology that has been recommended by a health professional and is used by your patient.

Symptoms and functional impact

- The date of onset for each condition.
- Current symptoms of your patient's conditions (persisting despite treatment, aids, equipment or assistive technology).
- The severity, frequency and duration of symptoms.
- How conditions and treatment impact on your patient's ability to function in day-to-day life, including at work if applicable.

Prognosis

- The length of time the condition is likely to impact your patient's ability to function.
- If the condition is likely to improve, remain the same or get progressively worse.
- If and how the condition is likely to significantly affect your patient's life expectancy.

We consider each case individually, to determine what information is needed to assess your patient's eligibility.

Examples of medical evidence

Examples of medical evidence your patient may provide include:

- medical history reports/printouts
- non-GP specialist medical reports, including outcomes of referrals to specialists
- allied health professional reports, such as physiotherapy or audiology reports
- psychologist reports, including IQ testing reports
- medical imaging reports
- compensation and rehabilitation reports
- physical examination reports
- hospital/outpatient records or discharge summaries.

Medical evidence should be as current as possible. Older evidence (such as reports or records more than 2 years old) will generally be considered less relevant.

We always take into account any barriers your patient may have to obtaining medical evidence, or managing their own affairs.

Specific medical evidence required for some conditions

Under legislation, we need specific medical evidence for some medical conditions. This includes:

- **ear conditions affecting hearing, balance or other functions of the ear:** evidence from an appropriately qualified medical practitioner, supported by a diagnosis from a medical specialist such as an ear, nose and throat specialist, neurologist or neurosurgeon. **Evidence from an audiologist alone is not sufficient.**
- **conditions affecting vision:** the diagnosis must be made by a medical specialist such as an ophthalmologist, neurosurgeon or neurologist, depending on the condition. A diagnosis is also required from an appropriately qualified medical practitioner. **Evidence from an optometrist alone is not sufficient.**
- **mental health conditions** such as depression, schizophrenia, anxiety disorders: the diagnosis must be made by a psychiatrist, or by another appropriately qualified medical practitioner with evidence from a registered psychologist.
- **intellectual impairment:** we need an assessment of intellectual function and assessment of adaptive behaviour from a psychologist, or a report from your patient's special school which includes these psychologist assessments. Evidence must include information supported by a psychologist about your patient's IQ or ability to undergo testing.

Clarifying information with treating health professionals

Our assessors, health and allied health professionals, medical advisors and government-contracted doctors may contact you or your patient's other treating health professional(s) to clarify or confirm information provided about their condition.

We do not require the patient's consent to make this contact, as social security law enables us to make relevant and necessary enquiries to establish a patient's eligibility for DSP.

To support any required contact with their treating health professionals, your patient has the option to complete a **Consent to disclose medical information (SA472)** form. We will show this form to treating health professionals if they ask for confirmation that the patient has consented for them to disclose their medical information to us.

Reimbursement for services

If a medical practitioner assists with gathering medical evidence and it forms part of a clinical consultation where examination of the patient is required, the usual Medicare consultation fee can be applied.

A medical practitioner may also request a payment if a health or allied health professional engaged by us contacts to discuss the medical evidence for a patient's DSP claim or medical review. You can talk to the assessor who contacts you about this.

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Disability Support Pension

Medical evidence checklist

for treating health professionals (SA478)

Customer details	Family name			
	Given name(s)			
	Date of birth (DD MM YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Customer Reference Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Does your patient have medical evidence that clearly demonstrates:

- they meet the manifest or general medical rules for DSP
- disabilities or medical conditions that significantly affect their ability to work
- if their conditions are diagnosed or still under investigation
- current symptoms and the functional impacts of these conditions
- past, current, and planned treatments for these conditions, if applicable
- prognosis, including potential improvement with current and planned treatments, where applicable
- details of the health professionals currently or most recently involved in managing these conditions, including any pending or wait-listed referrals.

Tick the box if these are clearly shown in the evidence provided and add any explanatory notes.

The disability or medical conditions which significantly impact their ability to work

If the conditions are diagnosed, or are still being investigated

Current symptoms and functional impacts of the conditions

Past, current and planned treatment for the conditions, if applicable

Prognosis, including likely improvement with current and planned treatment where applicable

Details of the treating health professionals currently or most recently involved in management of these conditions, including pending/wait-listed referrals

2 Is there any other relevant medical evidence you would like to submit to Services Australia that has not been provided to your patient? For example, non-GP specialist report(s)?

No

Yes

3 Is there any information you would prefer to discuss verbally with one of our health or allied health professionals, such as prognosis or further referral and treatment options?

No

Yes



CLK0SA478 2601

4 If we need to contact you about this, what times would be most convenient for you?

Day	Time	:	<input type="checkbox"/> am	<input type="checkbox"/> pm
			<input type="checkbox"/> am	<input type="checkbox"/> pm

5 Are there any limitations on your patient's ability to provide current and relevant medical evidence to support their claim, such as access to health services/medical treatment?

No *Go to next question*

Yes Give details below

[Large empty box for writing details]

6 Is there any other information you would like to provide?

No *Go to next question*

Yes Give details below

[Large empty box for writing details]

Privacy notice

7 You need to read this

Privacy and your personal information

The privacy and security of personal information is important to Services Australia and is protected by law. We collect this information for the purposes of assessing and processing this checklist. We only share personal information with other parties where the individual has agreed to this or where the law allows or requires it. For more information about the way in which Services Australia manages personal information, go to servicesaustralia.gov.au/privacypolicy

Details of the treating health professional completing this checklist

8 Print in BLOCK LETTERS.

Treating health professional's name

[Large empty box for name]

Professional qualifications

[Large empty box for qualifications]

Provider number

[Large empty box for provider number]

Surgery/Medical Centre/Clinic/Hospital name

[Large empty box for name]

Address

[Large empty box for address]

Postcode

Phone number (including area code)

[Large empty box for phone number]

Signature

[Large empty box for signature]

Date (DD MM YYYY)

[Three empty boxes for date: DD, MM, YYYY]

Returning this form

You can give the completed form to your patient, who can provide it to us when they submit their claim or medical evidence for a medical review.

If you prefer to provide this form directly to us, you can do this by posting it to:

Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610