

TDR

Patient's details
Bolnikovi podatki

Name
Ime

Address
Naslov

Country
Država

Date of birth
Datum rojstva

Day/Dan / Month/Mesec / Year/Leto

Customer Centrelink Reference Number
Referenčna številka Centrelink stranke

 - - -

Instructions for the patient / Navodila za bolnika

This report will be used to assist in determining if you are medically eligible for an Australian Disability Support Pension. Only use this form for medical assessments if you are outside of Australia.

To poročilo se bo uporabilo kot pomoč pri določanju, ali ste zdravstveno upravičeni do avstralske invalidne pokojnine. Ta obrazec za oceno zdravstvenega stanja uporabite samo, če živite zunaj Avstralije.

What you should do
Kaj morate narediti

You should take this report to your treating doctor. Please let your doctor know at the time of making the appointment that you require this report to be completed to assess your eligibility for an Australian Disability Support Pension. You are responsible for any costs in obtaining this report.

You will need to get the completed form from your doctor and return it to International Services in Australia unless your doctor returns it for you.

To poročilo dajte vašemu lečečemu zdravniku. Ob naročanju zdravnika obvestite, da mora to poročilo izpolniti za oceno vaše upravičenosti do avstralske invalidne pokojnine. Pri pridobivanju tega poročila ste odgovorni za vse stroške.

Vaš zdravnik mora izpolniti to poročilo, vi pa ga morate vrniti vladni službi za mednarodne storitve (International Services) v Avstraliji, razen če to namesto vas stori zdravnik.

Continued ►
Nadaljevanje



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Privacy and your personal information

Zasebnost in vaši osebni podatki

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacy

Zasebnost in varnost vaših osebnih podatkov sta nam pomembni in sta zavarovani z zakonom. Te podatke moramo zbirati za namene obdelave in vodenja vaših zahtevkov in izplačil ter za zagotavljanje storitev. Te podatke delimo z drugimi osebami samo, če ste v to privolili oziroma kadar to zahteva ali dovoljuje zakon. Za več informacij obiščite servicessaustralia.gov.au/privacy

Authority to release information

Pooblastilo za sproščanje podatkov

- I authorise Services Australia and/or the medical assessor to obtain any medical information necessary to decide my qualification for pension – from my doctor(s), other health professionals and public or private health facilities I have visited.
- I authorise Services Australia and/or the medical assessor to obtain any information necessary to decide my qualification for pension from any public or private education facilities I have attended or am currently attending.
- I consent to the release by Services Australia of relevant information in this report to service providers to whom I may be referred by Services Australia.
- I consent to any decision of Services Australia to refer me for any further required assessment, upon the recommendation of the medical assessor.
- Vladno službo Services Australia in/ali strokovnjaka, ki opravlja zdravstveno oceno, pooblaščam, da lahko pridobi vse zdravstvene podatke, ki so potrebni pri odločanju o pokojnini – od mojega/-ih zdravnika/-ov, drugih zdravstvenih delavcev in javnih ali zasebnih zdravstvenih ustanov, ki sem jih obiskal/-a.
- Vladno službo Services Australia in/ali strokovnjaka, ki opravlja zdravstveno oceno, pooblaščam, da lahko pridobi vse podatke, ki so potrebni pri odločanju o moji upravičenosti do pokojnine, od vseh javnih ali zasebnih izobraževalnih ustanov, ki sem jih obiskoval/-a ali jih trenutno obiskujem.
- Soglašam, da lahko vladna služba Services Australia zadevne podatke v tem poročilu posreduje izvajalcem storitev, h katerim me bo napotila vladna služba Services Australia.
- Soglašam z vsako odločitvijo vladne službe Services Australia, da me napoti na kakršno koli nadaljnje potrebno ocenjevanje, ki ga priporoči strokovnjak, ki opravlja zdravstveno oceno.

Patient's signature
Bolnikov podpis



Date

Datum

Day/Dan / Month/Mesec / Year/Leto

About this report

This report will be used to assist in determining if your patient is medically eligible for an Australian Disability Support Pension.

Payment for your report

We have asked your patient to let you know at the time of making their appointment that they require you to complete this form. This is to ensure you have sufficient time for the examination. Your patient has been informed that they are responsible for any costs in obtaining this report.

Completing this report

In this report you will be asked to provide clinical details of the patient's medical conditions. Please complete all the required parts of the form.

Your patient's impairment is to be assessed when they are using or wearing any aids, equipment or assistive technology that they have and usually use (e.g. hearing aids, spectacles, contact lenses or prostheses).

Returning the report to us

Please return this report and any attachments as soon as possible directly to us, or if you prefer, you can give the report and any attachments to your patient to return to us.

About the information that you give us

Confidentiality of Information

The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law.

There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

Release of information

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information which, if released to your patient, may harm his or her physical or mental well-being, Services Australia can contact you. Please indicate at PART i if you wish Services Australia to contact you. Similarly please specify any other special circumstances which should be taken into account.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Navodila za zdravnika

O tem poročilu

To poročilo se bo uporabilo kot pomoč pri določanju, ali je vaš pacient zdravstveno upravičen do avstralske invalidne pokojnine.

Plačilo za vaše poročilo

Bolnika smo prosili, naj vas ob naročanju obvesti, da morate izpolniti ta obrazec. S tem želimo zagotoviti, da imate dovolj časa za pregled. Bolnika smo obvestili, da je odgovoren za kakršne koli stroške pri pridobivanju tega poročila.

Izpolnjevanje tega poročila

Pri tem poročilu boste morali vnesti klinične podatke o bolnikovem zdravstvenem stanju. Izpolnite vse potrebne dele obrazca.

Pacientovo invalidnost je treba oceniti, kadar oseba uporablja ali nosi kakršne koli pripomočke, opremo ali podporno tehnologijo, ki jo ima in jo običajno uporablja (npr. slušni aparat, očala, kontaktne leče ali proteze).

Vračanje poročila nam

To poročilo in kakršne koli priloge nam čim prej vrnite neposredno, poročilo s prilogami pa lahko daste tudi bolniku, da nam ga posreduje on sam.

O podatkih, ki nam jih posredujete

Zaupnost podatkov

Zaupnost osebnih podatkov, ki jih posredujete za namene tega poročila, se ohranja skladno z delom 202 *Zakona o socialnem zavarovanju (Social Security [Administration] Act)* iz leta 1999. Razkriti se ne smejo nikomur, razen če to zahteva zakonodaja.

Kršitve dela 202 *Zakona o socialnem zavarovanju (Social Security [Administration] Act)* iz leta 1999 se kaznujejo.

Posredovanje podatkov

Freedom of Information Act 1982 omogoča neposredno razkritje zdravstvenih ali psihiatričnih podatkov zadevnemu posamezniku. Če obstajajo kakršni koli podatki, ki lahko škodujejo bolnikovemu telesnemu ali duševnemu zdravju, če se mu posredujejo, lahko vladna služba Services Australia naveže stik z vami. Prosimo, da v DELU i navedete, če želite, da vladna služba Services Australia naveže stik z vami. Prav tako navedite kakršne koli posebne okoliščine, ki jih je treba upoštevati.

Zasebnost in vaši osebni podatki

Zasebnost in varnost vaših osebnih podatkov sta nam pomembni in sta zavarovani z zakonom. Te podatke zbiramo za zagotavljanje izplačil in storitev. Vaše podatke delimo z drugimi osebami samo, če ste v to privolili oziroma kadar to zahteva ali dovoljuje zakon. Za več informacij obiščite servicesaustralia.gov.au/privacy

PART A – Cardiovascular, respiratory and other conditions impacting physical exertion or stamina

DEL A – Kardiovaskularna, respiratorna ali druga stanja, ki vplivajo na telesni napor ali vzdržljivost

PART A should be completed for conditions impacting physical exertion or stamina including but not limited to: cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis, mesothelioma, lung cancer, chronic pain which impacts physical exertion or stamina, end stage organ failure, widespread/metastatic cancer and chronic fatigue syndrome.

DEL A je treba izpolniti za stanja, ki vplivajo na telesni napor ali vzdržljivost ter med drugim vključujejo: srčno popuščanje, kardiomiopatijo, ishemično srčno bolezen, kronično obstruktivno dihalno/pljučno bolezen, azbestozo, mezoteliom, pljučnega raka, kronično bolečino z vplivom na telesni napor ali vzdržljivost, odpoved organov v zadnjem stadiju, zelo razširjenega/metastatskega raka in sindrom kronične utrujenosti.

- 1 Does the patient have a cardiovascular, respiratory or other condition impacting physical exertion or stamina?
Ali ima bolnik kardiovaskularno, respiratorno ali drugo stanje, ki vpliva na telesni napor ali vzdržljivost?
- No ► **Go to PART B**
Ne ► **Pojdite na DEL B**
- Yes ► Give details below
Da ► Spodaj navedite podrobnosti

Instructions for the doctor

If the patient has more than one condition of this type, provide details here for the condition that causes the *greatest* impact on ability to function. Details of other conditions can be provided at PART F.

Please provide answers to the following questions based on clinical assessment, results of tests and investigations, and current scientific knowledge.


Self-reported symptoms alone are not sufficient.

Navodila za zdravnika

Če ima bolnik več kot eno stanje te vrste, tukaj navedite podrobnosti o stanju, ki ima *največji* vpliv na zmožnost delovanja. Podrobnosti o drugih stanjih lahko navedete v DELU F.

Na naslednja vprašanja odgovorite na podlagi klinične ocene, izvidov testov in preiskav ter trenutnega znanstvenega znanja.

Simptomi, o katerih poroča bolnik sam, niso zadostni.

-  Attach:
- a report from the doctor or specialist doctor who usually treats this condition (if not you), and
 - copies of relevant test and investigation results (e.g. lung function tests, blood tests, exercise tolerance tests, ECG – reports only), if available.
- Priložite:
- poročilo zdravnika ali specialista, ki navadno zdravi stanje (če to niste vi), in
 - kopije izvidov ustreznih testov in preiskav (npr. testov pljučnega delovanja, krvnih preiskav, testov tolerance za telesno vadbo ter EKG – samo poročila), če so na voljo.

Diagnosis / Diagnoze

- 2 What is the diagnosis?
Provide specific details (e.g. include the International Classification of Diseases code and/or staging as relevant).
Kakšna je diagnoza?
Navedite podrobnosti (npr. vključite šifro mednarodne razvrstitve bolezni (ICD) in/ali opredelite stadij bolezni, kot je potrebno).

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8 How effective is current treatment?
Describe response to treatment and degree of control of symptoms.
Kako učinkovito je trenutno zdravljenje?
Opišite odziv na zdravljenje in stopnjo obvladovanja simptomov.

9 Describe any adverse effects of treatment, including severity.
Opišite kakršne koli neželene učinke zdravljenja, vključno z njihovo resnostjo.

10 What treatment has been undertaken in the past (e.g. hospitalisation, surgery, medication, physical therapy, rehabilitation, pain management)?
Provide specific details (e.g. date of commencement, frequency and duration of treatment or rehabilitation, type and dose of medications).
Kakšno zdravljenje je bolnik prejemal v preteklosti (npr. hospitalizacija, kirurški poseg, zdravila, fizioterapija, rehabilitacija, lajšanje/obvladovanje bolečine)?
Navedite podrobnosti (npr. datum začetka, pogostnost in trajanje zdravljenja ali rehabilitacije, vrsta in odmerek zdravil).

11 Does the patient wear or use any aids, equipment or assistive technology for this condition?
Ali bolnik zaradi tega stanja nosi ali uporablja kakršne koli pripomočke, opremo ali podporno tehnologijo?

No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
Yes *Give details below*
Da *Spodaj navedite podrobnosti*

12 Is any future treatment planned for this condition?
Ali se zaradi tega stanja načrtuje kakršno koli zdravljenje v prihodnosti?

No ► **Go to 14**
Ne **Pojdite na vprašanje 14**

Yes ► Give details below
Da Spodaj navedite podrobnosti

13 What is the expected benefit of future treatment?
Detail improvement in symptoms *and* functional capacity.
Kakšne so pričakovane koristi načrtovanega zdravljenja?
Podrobno opišite izboljšanje simptomov *in* zmožnosti delovanja.

14 Indicate compliance with recommended treatment:
Opišite upoštevanje priporočenega zdravljenja s strani bolnika:

Very compliant Zelo upošteva
Usually compliant Navadno upošteva
Rarely compliant Redko upošteva
Uncertain Nisem prepričan/-a

Detail any issues related to accessing or undertaking suitable treatment that affect compliance levels.
Podrobno opišite težave pri dostopanju do primernega zdravljenja ali njegovi izvedbi, ki vplivajo na stopnjo upoštevanja s strani bolnika.

Current symptoms / Trenutni simptomi

15 What symptoms currently persist **despite** treatment, aids, equipment or assistive technology?
Be specific and include severity, frequency, and duration of symptoms.
Kateri simptomi so še vedno prisotni **kljub** zdravljenju, pripomočkom, opremi ali podporni tehnologiji?
Navedite podrobnosti in vključite resnost, pogostnost ter trajanje simptomov.

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|---|--|-----------------------------------|------------------------------------|
| <p>16 Details of how this condition currently impacts the patient's ability to function despite treatment, aids, equipment or assistive technology: Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja kljub zdravljenju ali uporabi pripomočkov, opreme ali podporne tehnologije:</p> | <p>A Can the patient complete physically active tasks around their home and community without difficulty? Ali lahko bolnik brez težav, v svojem domu in skupnosti opravi naloge, ki zahtevajo telesno dejavnost?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>B Can the patient walk (or mobilise independently in a wheelchair) to local facilities? Ali lahko bolnik prehodi pot (ali se neodvisno odpelje v invalidskem vozičku) do lokalnih ustanov?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>C Can the patient walk (or mobilise independently in a wheelchair) to local facilities without stopping to rest? Ali lahko bolnik prehodi pot (ali se neodvisno odpelje v invalidskem vozičku) do lokalnih ustanov brez ustavljanja zaradi počivanja?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>D Can the patient walk (or mobilise independently in a wheelchair) from a carpark into a shopping centre or building without assistance? Ali lahko bolnik prehodi pot (ali se neodvisno odpelje v invalidskem vozičku) od parkirišča do nakupovalnega središča ali ustanove brez pomoči?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>E Can the patient walk (or mobilise independently in a wheelchair) around a shopping centre without assistance? Ali se lahko bolnik sprehaja (ali neodvisno vozi v invalidskem vozičku) po nakupovalnem središču brez pomoči?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>F Can the patient climb a flight of stairs or mobilise in a wheelchair up a long, sloping ramp? Ali se lahko bolnik povzpne po stopnišču ali se z invalidskim vozičkom pelje po dolgi klančini?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>G Can the patient use public transport without assistance? Ali lahko bolnik uporablja javni prevoz brez pomoči?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>H Is the patient physically capable of performing light household activities (e.g. folding and putting away laundry)? Ali je bolnik telesno zmožen opravljati lahka gospodinjska opravila (npr. zlaganje in pospravljanje perila)?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>I Can the patient perform day to day household activities without difficulty (e.g. changing sheets on a bed or sweeping paths)? Ali lahko bolnik brez težav opravlja vsakodnevna gospodinjska opravila (npr. zamenjava posteljnine ali pometanje poti)?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>J Can the patient move around inside the home without assistance? Ali se bolnik v svojem domu lahko giblje brez pomoči?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | <p>K Does the patient require oxygen treatment during the day or to move around? Ali bolnik čez dan ali za gibanje potrebuje zdravljenje s kisikom?</p> | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| <p>L Describe any other impacts. Opišite kakršne koli druge vplive.</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> | | | |

17 Does this condition impact ability to attend and effectively participate in work, education or training activities?

Ali to stanje vpliva na možnost udejstvovanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

- No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
- Yes *Give details below*
Da *Spodaj navedite podrobnosti*

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18 The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:

- Less than 3 months *Manj kot 3 mesece* 3-24 months *3-24 mesecev* More than 24 months *Več kot 24 mesecev*

19 Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

- Resolve *Izvenel*
- Significantly improve *Se znatno izboljšal*
- Slightly improve *Se nekoliko izboljšal*
- Fluctuate *Nihal*
- Remain unchanged *Ostal nespremenjen*
- Deteriorate *Se poslabšal*
- Uncertain *Nisem prepričan/-a*

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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20 Is this condition episodic or fluctuating?
Ali stanje vključuje epizode ali niha?

- No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
- Yes *Describe the frequency, duration and severity of episodes, or describe how this condition fluctuates. Include a comment on work capacity during and in between episodes or fluctuating symptoms.*
Da *Opišite pogostnost, trajanje in resnost epizod ali opišite, kako stanje niha. Vključite opombo o zmožnosti delovanja v času epizode in med posameznimi epizodami ali nihanjem simptomov.*

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- 21** History of this condition.
Provide details of underlying causes and contributing factors.
Anamneza tega stanja.
Navedite podrobnosti osnovnih vzrokov in prispevajajočih dejavnikov.

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- 22** Provide any additional comments about this condition.
Navedite kakršne koli dodatne opombe o tem stanju.

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PART B – Conditions impacting spinal function

DEL B – Stanja, ki vplivajo na delovanje hrbtenice

PART B should be completed for conditions impacting spinal function including but not limited to: spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, and arthritis or osteoporosis involving the spine.

DEL B je treba izpolniti za stanja, ki vplivajo na delovanje hrbtenice ter med drugim vključujejo: poškodbo hrbtenjače, spinalno stenozo, cervikalno spondilozo, lumbalno radikulopatijo, herniacijo ali rupturo diskusa, tumorje hrbtenjače in artritis ali osteoporozo, ki vključujeta hrbtenico.

- 23 Does the patient have a condition impacting spinal function?
Ali ima bolnik stanje, ki vpliva na delovanje hrbtenice?
- No ► Go to **PART C**
Ne ► **Pojdite na DEL C**
- Yes ► Give details below
Da ► Spodaj navedite podrobnosti

Instructions for the doctor

If the patient has more than one condition of this type, provide details here for the condition that causes the *greatest* impact on ability to function. Details of other conditions can be provided at PART F.

Please provide answers to the following questions based on clinical assessment, results of tests and investigations, and current scientific knowledge.


Self-reported symptoms alone are not sufficient.

Navodila za zdravnika

Če ima bolnik več kot eno stanje te vrste, tukaj navedite podrobnosti o stanju, ki ima *največji* vpliv na zmožnost delovanja. Podrobnosti o drugih stanjih lahko navedete v DELU F.

Na naslednja vprašanja odgovorite na podlagi klinične ocene, izvidov testov in preiskav ter trenutnega znanstvenega znanja.

Simptomi, o katerih poroča bolnik sam, niso zadostni.

-  Attach:
- a report from the doctor or specialist doctor who usually treats this condition (if not you), and
 - copies of relevant test and investigation results (e.g. x-rays or other imagery – reports only) along with reports from physiotherapists or other rehabilitation practitioners confirming loss of range of movement in the spine or other effects of the spinal disease or injury, if available.
- Priložite:
- poročilo zdravnika ali specialista, ki navadno zdravi stanje (če to niste vi), in
 - kopije izvidov ustreznih testov ali preiskav (npr. rentgenske slike ali druge slike – samo poročila) skupaj s poročili fizioterapevtov ali drugih rehabilitacijskih terapevtov, ki potrjujejo izgubo razpona gibanja hrbtenice ali druge učinke bolezni ali poškodbe hrbtenice, če so na voljo.

Diagnosis / Diagnoze

- 24 What is the diagnosis?
Provide specific details (e.g. include the International Classification of Diseases code and/or staging as relevant).
Kakšna je diagnoza?
Navedite podrobnosti (npr. vključite šifro mednarodne razvrstitve bolezni (ICD) in/ali opredelite stadij bolezni, kot je potrebno).

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25 The diagnosis is:
Diagnoza je:

Confirmed Who confirmed the diagnosis?
Potrjena Kdo je potrdil diagnozo?

Name

Ime

Qualifications

Kvalifikacije

Presumptive Are further investigations/assessments planned to confirm the diagnosis?
Domnevna Ali se za potrditev diagnoze načrtujejo nadaljnje preiskave/ocene?

No

Ne

Yes

Da

26 What was the date of
diagnosis?
Datum diagnoze?

Day/Dan / Month/Mesec / Year/Leto

27 What was the date of onset
of symptoms (if known)?
Datum nastopa simptomov
(če je znan)?

Day/Dan / Month/Mesec / Year/Leto

28 What is the prognosis of this
condition?
Give a timeframe, if applicable.
Kakšna je prognoza za to stanje?
Navedite časovni okvir, če je primerno.

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Treatment / Zdravljenje

29 What treatment is currently
being provided for this
condition (e.g. hospitalisation,
surgery, medication, physical
therapy, rehabilitation, pain
management)?
Provide specific details
(e.g. date of commencement,
frequency and duration of
treatment or rehabilitation, type
and dose of medications).
Kakšno zdravljenje bolnik trenutno
prejema zaradi tega stanja
(npr. hospitalizacija, kirurški poseg,
zdravila, fizioterapija, rehabilitacija,
lajšanje/obvladovanje bolečine)?
Navedite podrobnosti (npr. datum
začetka, pogostnost in trajanje
zdravljenja ali rehabilitacije,
vrsta in odmerek zdravil).

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30 How effective is current treatment?

Describe response to treatment and degree of control of symptoms.

Kako učinkovito je trenutno zdravljenje?

Opišite odziv na zdravljenje in stopnjo obvladovanja simptomov.

31 Describe any adverse effects of treatment, including severity.

Opišite kakršne koli neželene učinke zdravljenja, vključno z njihovo resnostjo.

32 What treatment has been undertaken in the past (e.g. hospitalisation, surgery, medication, physical therapy, rehabilitation, pain management)?

Provide specific details (e.g. date of commencement, frequency and duration of treatment or rehabilitation, type and dose of medications).

Kakšno zdravljenje je bolnik prejemal v preteklosti (npr. hospitalizacija, kirurški poseg, zdravila, fizioterapija, rehabilitacija, lajšanje/obvladovanje bolečine)?

Navedite podrobnosti (npr. datum začetka, pogostnost in trajanje zdravljenja ali rehabilitacije, vrsta in odmerek zdravil).

33 Does the patient wear or use any aids, equipment or assistive technology for this condition?

Ali bolnik zaradi tega stanja nosi ali uporablja kakršne koli pripomočke, opremo ali podporno tehnologijo?

No **Go to next question**

Ne **Pojdite na naslednje vprašanje**

Yes **Give details below**

Da **Spodaj navedite podrobnosti**

34 Is any future treatment planned for this condition?
Ali se zaradi tega stanja načrtuje kakršno koli zdravljenje v prihodnosti?

No ► **Go to 36**
Ne ► **Pojdite na vprašanje 36**

Yes ► Give details below
Da ► Spodaj navedite podrobnosti

35 What is the expected benefit of future treatment?
Detail improvement in symptoms *and* functional capacity.
Kakšne so pričakovane koristi načrtovanega zdravljenja?
Podrobno opišite izboljšanje simptomov *in* zmožnosti delovanja.

36 Indicate compliance with recommended treatment:
Opišite upoštevanje priporočenega zdravljenja s strani bolnika:

Very compliant Zelo upošteva Usually compliant Navadno upošteva Rarely compliant Redko upošteva Uncertain Nisem prepričan/-a

Detail any issues related to accessing or undertaking suitable treatment that affect compliance levels.
Podrobno opišite težave pri dostopanju do primernega zdravljenja ali njegovi izvedbi, ki vplivajo na stopnjo upoštevanja s strani bolnika.

Current symptoms / Trenutni simptomi

37 What symptoms currently persist **despite** treatment, aids, equipment or assistive technology?
Be specific and include severity, frequency, and duration of symptoms.
Kateri simptomi so še vedno prisotni **kljub** zdravljenju, pripomočkom, opremi ali podporni tehnologiji?
Navedite podrobnosti in vključite resnost, pogostnost ter trajanje simptomov.

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| 38 | Details of how this condition currently impacts the patient's ability to function despite treatment, aids, equipment or assistive technology: Note: Answers should reflect limitations from the spinal condition only. Answers should NOT reflect limitations from any other condition (e.g. an upper or lower limb condition). Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja kljub zdravljenju ali uporabi pripomočkov, opreme ali podporne tehnologije: Opomba: Odgovori se morajo nanašati samo na omejitve zaradi stanja hrbtenice. Odgovori se NE smejo nanašati na omejitve zaradi katerega koli drugega stanja (npr. stanja spodnje ali zgornje okončine). | A Is there any restriction of forward flexion of the thoracolumbar spine? Ali je upogibanje torakolumbalne hrbtenice naprej omejeno? | No <input type="checkbox"/> Go to E Ne Pojdite na E |
| | | Yes <input type="checkbox"/> Go to B Da Pojdite na B | |
| | | B Can the patient bend to knee level and straighten up again without difficulty? Ali se lahko bolnik upogne do ravni kolena in ponovno zravna? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | C Can the patient bend forward to pick up a light object at knee height? Ali se lahko bolnik upogne naprej do ravni kolena, da pobere lahek predmet? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | D Can the patient bend forward to pick up a light object from a desk or table? Ali se lahko bolnik upogne naprej, da z mize ali pulta pobere lahek predmet? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | E Is there any restriction of thoracolumbar spine rotation? Ali je rotacija torakolumbalne hrbtenice omejena? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | F Is there any restriction of cervical spine rotation or extension? Ali je rotacija ali ekstenzija cervikalne hrbtenice omejena? | No <input type="checkbox"/> Go to K Ne Pojdite na K |
| | | | Yes <input type="checkbox"/> Go to G Da Pojdite na G |
| | | G Can the patient perform any overhead activities? Ali lahko bolnik opravlja dejavnosti nad nivojem glave? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | H Can the patient perform overhead activities without difficulty? Ali lahko bolnik brez težav opravlja dejavnosti nad nivojem glave? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | I Does the patient have some difficulty with overhead activities? Ali ima bolnik nekaj težav pri dejavnostih nad nivojem glave? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | J Can the patient sustain overhead activities? Ali lahko bolnik vzdrži dejavnosti nad nivojem glave? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | K Is there restriction of some or all cervical spine movements? Ali so nekateri gibi ali celotno gibanje cervikalne hrbtenice omejeni? | No <input type="checkbox"/> Go to P Ne Pojdite na P |
| | | | Yes <input type="checkbox"/> Go to L Da Pojdite na L |
| | | L Does the patient have some difficulty with cervical spine movements? Ali ima bolnik nekaj težav pri premikanju cervikalne hrbtenice? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | M Does the patient have difficulty with cervical spine movements in all directions? Ali ima bolnik težave pri premikanju cervikalne hrbtenice v vse smeri? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | N Is there complete loss of cervical spine rotation? Ali je prisotna popolna izguba rotacije cervikalne hrbtenice? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | O Is there complete loss of cervical spine forward flexion? Ali je prisotna popolna izguba upogibanja cervikalne hrbtenice naprej? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | P Is the patient able to remain seated for more than 30 minutes? Ali lahko bolnik sedi več kot 30 minut? | No <input type="checkbox"/> Go to Q Ne Pojdite na Q |
| | | | Yes <input type="checkbox"/> Go to R Da Pojdite na R |
| | | Q Is the patient able to remain seated for more than 10 minutes? Ali lahko bolnik sedi več kot 10 minut? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | R Is the patient able to get up out of a chair without assistance? Ali lahko bolnik brez pomoči vstane s stola? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | | S Does the patient have sufficient spinal movement to complete basic activities of daily living (e.g. dressing, bathing, showering or light housework)? Ali je gibanje hrbtenice zadostno, da lahko bolnik opravlja osnovne vsakodnevne dejavnosti (npr. oblačenje, kopanje, tuširanje ali lahka gospodinjska opravila)? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |

T Is the patient completely unable to perform activities involving spinal function?
Ali je bolnik popolnoma nezmožen opravljati dejavnosti, ki vključujejo delovanje hrbtenice?

No Yes
Ne Da

U Describe any other impacts.
Opišite kakršne koli druge vplive.

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39 Does this condition impact ability to attend and effectively participate in work, education or training activities?
Ali to stanje vpliva na zmožnost udeleževanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

No **Go to next question**
Ne **Pojdite na naslednje vprašanje**

Yes **Give details below**
Da **Spodaj navedite podrobnosti**

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40 The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:

Less than 3 months 3-24 months More than 24 months
Manj kot 3 mesece 3-24 mesecev Več kot 24 mesecev

41 Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

Resolve
Izzvenel

Significantly improve
Se znatno izboljšal

Slightly improve
Se nekoliko izboljšal

Fluctuate
Nihal

Remain unchanged
Ostal nespremenjen

Deteriorate
Se poslabšal

Uncertain
Nisem prepričan/-a

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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56 Is any future treatment planned for this condition?
Ali se zaradi tega stanja načrtuje kakršno koli zdravljenje v prihodnosti?

No **Go to 58**
Ne **Pojdite na vprašanje 58**
Yes Give details below
Da Spodaj navedite podrobnosti

57 What is the expected benefit of future treatment?
Detail improvement in symptoms *and* functional capacity.
Kakšne so pričakovane koristi načrtovanega zdravljenja?
Podrobno opišite izboljšanje simptomov *in* zmožnosti delovanja.

58 Indicate compliance with recommended treatment:
Opišite upoštevanje priporočenega zdravljenja s strani bolnika:

Very compliant Usually compliant Rarely compliant Uncertain
Zelo upošteva Navadno upošteva Redko upošteva Nisem prepričan/-a

Detail any issues related to accessing or undertaking suitable treatment that affect compliance levels.
Podrobno opišite težave pri dostopanju do primernega zdravljenja ali njegovi izvedbi, ki vplivajo na stopnjo upoštevanja s strani bolnika.

Current symptoms / Trenutni simptomi

59 What symptoms currently persist **despite** treatment, aids, equipment or assistive technology?
Be specific and include severity, frequency, and duration of symptoms.
Kateri simptomi so še vedno prisotni **kljub** zdravljenju, pripomočkom, opremi ali podporni tehnologiji?
Navedite podrobnosti in vključite resnost, pogostnost ter trajanje simptomov.

60 Which limb is affected?
Katera okončina je prizadeta?

Left Right
Leva Desna

61 Is the patient left or right dominant?
Ali je bolnik desničar ali levičar?

Left Right
Levičar Desničar

62 Details of how this condition currently impacts the patient's ability to function **despite** treatment, aids, equipment or assistive technology:
Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja **kljub** zdravljenju ali uporabi pripomočkov, opreme ali podporne tehnologije:

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| A | Can the patient pick up, handle, manipulate and use most objects encountered on a daily basis without difficulty? Ali lahko bolnik brez težav pobere, rokuje, upravlja in uporablja večino predmetov, s katerimi se srečuje vsak dan? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| B | Can the patient pick up heavier objects without difficulty (e.g. a 2 litre carton of liquid or a full shopping bag)? Ali lahko bolnik brez težav dvigne težje predmete (npr. 2-litrski vsebnik s tekočino ali polno nakupovalno vrečko)? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| C | Can the patient handle very small objects without difficulty (e.g. coins)? Ali lahko bolnik brez težav rokuje z zelo majhnimi predmeti (npr. kovanci)? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| D | Can the patient do up buttons without difficulty? Ali lahko bolnik brez težav zapne gumbe? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| E | Can the patient reach up or out to pick up objects without difficulty? Ali lahko bolnik brez težav dvigne roke ali jih iztegne naprej, da doseže predmete? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| F | Can the patient pick up a 1 litre carton of liquid without difficulty? Ali lahko bolnik brez težav dvigne litrski vsebnik s tekočino? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| G | Can the patient pick up light objects using 2 hands together without difficulty? Ali lahko bolnik brez težav z obema rokama dvigne lahke predmete? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| H | Can the patient hold and use a pen or pencil without difficulty? Ali lahko bolnik brez težav drži in uporablja pisalo? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | | | Go to I Pojdite na I |
| | | | Go to J Pojdite na J |
| I | The degree of difficulty to hold and use a pen or pencil is (tick one): Stopnja težav pri držanju in uporabi pisala je (označite eno možnost): | Mild <input type="checkbox"/> Blaga | Moderate <input type="checkbox"/> Zmerna |
| | | | Severe <input type="checkbox"/> Huda |
| J | Can the patient use a standard keyboard without difficulty? Ali lahko bolnik brez težav uporablja standardno tipkovnico? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | | | Go to K Pojdite na K |
| | | | Go to L Pojdite na L |
| K | Can the patient use a computer keyboard with appropriate adaptations without difficulty? Ali lahko bolnik brez težav uporablja računalniško tipkovnico z ustreznimi prilagoditvami? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| L | Can the patient unscrew a lid on a soft-drink bottle without difficulty? Ali lahko bolnik brez težav odvijne pokrov na plastenki brezalkoholne pijače? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| M | Does the patient have an amputation rendering a hand or arm non-functional? Ali je bolnik prestal amputacijo, zaradi katere je dlan ali roka nefunkcionalna? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| N | Does the patient have limited movement or coordination in either their hands or arms severely limiting activities (Note: Both hands or both arms)? Ali ima bolnik omejeno premikanje ali koordinacijo v kateri koli dlani ali roki, ki močno ovira izvajanje dejavnosti (opomba: v obeh dlaneh ali obeh rokah)? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| O | Does the patient use or wear any prosthesis or assistive device? Ali bolnik nosi ali uporablja kakršno koli protezo ali podporni pripomoček? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | | | Go to R Pojdite na R |
| | | | Go to P Pojdite na P |
| P | Is there any difficulty handling, moving or carrying most objects? Ali so prisotne težave pri rokovanju, premikanju ali nošenju večine predmetov? | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da |
| | | | Go to R Pojdite na R |
| | | | Go to Q Pojdite na Q |

Q The degree of difficulty handling, moving or carrying most objects is (tick one):
Stopnja težav pri rokovanju, premikanju ali nošenju večine predmetov je (izberite eno možnost):

Mild
Blaga

Moderate
Zmerna

Severe
Huda

R Can the patient turn the pages of a book without difficulty and without assistance?
Ali lahko bolnik brez težav in brez pomoči obrača liste knjige?

No **Go to S**
Ne **Pojdite na S**

Yes **Go to T**
Da **Pojdite na T**

S The degree of difficulty turning the pages of a book without assistance is (tick one):
Stopnja težav pri obračanju listov knjige brez pomoči je (izberite eno možnost):

Mild
Blaga

Moderate
Zmerna

Severe
Huda

T Does the patient have no capacity to use either their hands or arms (Note: Both hands or both arms)?
Ali bolnik ni zmožen uporabljati dlani ali rok (**opomba:** obeh dlani ali obeh rok)?

No Yes
Ne Da

U Describe any other impacts.
Opišite kakršne koli druge vplive.

63 Does this condition impact ability to attend and effectively participate in work, education or training activities?
Ali to stanje vpliva na zmožnost udeleževanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

No **Go to next question**
Ne **Pojdite na naslednje vprašanje**

Yes **Give details below**
Da **Spodaj navedite podrobnosti**

64 The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:

Less than 3 months 3-24 months More than 24 months
Manj kot 3 mesece 3-24 mesecev Več kot 24 mesecev

65 Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

- Resolve
Izzvenel
- Significantly improve
Se znatno izboljšal
- Slightly improve
Se nekoliko izboljšal
- Fluctuate
Nihal
- Remain unchanged
Ostal nespremenjen
- Deteriorate
Se poslabšal
- Uncertain
Nisem prepričan/-a

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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66 Is this condition episodic or fluctuating?
Ali stanje vključuje epizode ali niha?

- No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
- Yes Describe the frequency, duration and severity of episodes, or describe how this condition fluctuates. Include a comment on work capacity during and in between episodes or fluctuating symptoms.
Da

Opišite pogostnost, trajanje in resnost epizod ali opišite, kako stanje niha. Vključite opombo o zmožnosti delovanja v času epizode in med posameznimi epizodami ali nihanjem simptomov.

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Other information / Drugi podatki

67 History of this condition.
Provide details of underlying causes and contributing factors.
Anamneza tega stanja.
Navedite podrobnosti osnovnih vzrokov in prispevajočih dejavnikov.

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68 Provide any additional comments about this condition.
Navedite kakršne koli dodatne opombe o tem stanju.

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| 84 Details of how this condition currently impacts the patient's ability to function despite treatment, aids, equipment or assistive technology: Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja kljub zdravljenju ali uporabi pripomočkov, opreme ali podporne tehnologije: | A Does the patient have difficulty walking? Ali ima bolnik težave pri hoji? | No <input type="checkbox"/> Go to I Ne Pojdite na I Yes <input type="checkbox"/> Go to B Da Pojdite na B |
| | B Can the patient walk to local facilities without difficulty? Ali lahko bolnik brez težav prehodi pot do lokalnih ustanov? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | C Can the patient walk without difficulty around a shopping mall or supermarket without a rest? Ali lahko bolnik brez težav hodi po nakupovalnem centru ali trgovini, ne da bi počival? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | D How far can the patient walk outside their home? Kako dolgo pot lahko bolnik prehodi zunaj doma? | <input type="text"/> |
| | E Does the patient need to drive or use other transport to get to local shops and facilities? Ali se mora bolnik peljati ali uporabiti drugo vrsto prevoza do lokalnih trgovin in ustanov? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | F Does the patient need assistance to walk around a shopping centre or supermarket? Ali bolnik pri hoji po nakupovalnem centru ali trgovini potrebuje pomoč? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | G Does the patient need assistance to walk from a car park into a shopping centre or supermarket? Ali bolnik pri hoji od parkirišča do nakupovalnega centra ali trgovine potrebuje pomoč? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | H Is the patient unable to mobilise independently? Ali se bolnik ni zmožen samostojno premikati? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | I Does the patient use a lower limb prosthesis or a walking stick? Ali bolnik uporablja protezo za spodnjo okončino ali berglo? | No <input type="checkbox"/> Go to K Ne Pojdite na K Yes <input type="checkbox"/> Go to J Da Pojdite na J |
| | J Can the patient mobilise effectively using the prosthesis or walking stick? Ali se bolnik lahko učinkovito premika s pomočjo proteze ali bergle? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | K Does the patient use a wheelchair? Ali bolnik uporablja invalidski voziček? | No <input type="checkbox"/> Go to N Ne Pojdite na N Yes <input type="checkbox"/> Go to L Da Pojdite na L |
| | L Can the patient use the wheelchair independently? Ali lahko bolnik neodvisno uporablja invalidski voziček? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | M Can the patient transfer to and from the wheelchair without assistance? Ali se lahko bolnik prestavi na invalidski voziček in z njega brez pomoči? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | N Does the patient use walking aids (e.g. quad stick, crutches or walking frame)? Ali bolnik uporablja pripomočke za hojo (npr. štirinožno berglo, navadne bergle ali hojico)? | No <input type="checkbox"/> Go to Q Ne Pojdite na Q Yes <input type="checkbox"/> Go to O Da Pojdite na O |
| | O Does the patient move around independently using walking aids? Ali se lahko bolnik neodvisno premika s pomočjo pripomočkov za hojo? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | P Does the patient require assistance to move around using walking aids, (i.e. need assistance from another person to walk on some surfaces)? Ali bolnik potrebuje pomoč pri premikanju z uporabo pripomočkov za hojo (tj. potrebuje pomoč druge osebe pri hoji po nekaterih površinah)? | No <input type="checkbox"/> Yes <input type="checkbox"/> Ne Da |
| | Q Can the patient stand unaided for at least 10 minutes? Ali lahko bolnik brez pomoči stoji vsaj 10 minut? | No <input type="checkbox"/> Go to R Ne Pojdite na R Yes <input type="checkbox"/> Go to S Da Pojdite na S |

- R** Can the patient stand unaided for 5-10 minutes?
Ali lahko bolnik brez pomoči stoji 5–10 minut? No Yes
Ne Da
- S** Can the patient stand up from a sitting position without assistance?
Ali lahko bolnik brez pomoči vstane iz sedečega položaja? No Yes
Ne Da
- T** Can the patient use stairs without difficulty?
Ali lahko bolnik brez težav uporablja stopnice? No **Go to U**
Ne **Pojdite na U**
Yes **Go to W**
Da **Pojdite na W**
- U** Does the patient have some difficulty climbing stairs?
Ali ima bolnik nekaj težav pri vzpenjanju po stopnicah? No Yes
Ne Da
- V** Is the patient unable to use stairs or steps without assistance?
Ali bolnik ni zmožen uporabljati stopnic brez pomoči? No Yes
Ne Da
- W** Can the patient kneel or squat and rise back up to a standing position without difficulty?
Ali lahko bolnik brez pomoči počepne ali poklekne in se dvigne v stoječi položaj? No Yes
Ne Da
- X** Can the patient use a motor vehicle?
Ali lahko bolnik uporablja motorno vozilo? No Yes
Ne Da
- Y** Can the patient use public transport without assistance?
Ali lahko bolnik uporablja javni prevoz brez pomoči? No Yes
Ne Da

Z Describe any other impacts.
Opišite kakršne koli druge vplive.

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85 Does this condition impact ability to attend and effectively participate in work, education or training activities?
Ali to stanje vpliva na zmožnost udejstvovanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

- No **Go to next question**
Ne **Pojdite na naslednje vprašanje**
- Yes **Give details below**
Da **Spodaj navedite podrobnosti**

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86 The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:

- Less than 3 months 3-24 months More than 24 months
Manj kot 3 mesece 3-24 mesecev Več kot 24 mesecev

87 Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

- Resolve
Izzvenel
- Significantly improve
Se znatno izboljšal
- Slightly improve
Se nekoliko izboljšal
- Fluctuate
Nihal
- Remain unchanged
Ostal nespremenjen
- Deteriorate
Se poslabšal
- Uncertain
Nisem prepričan/-a

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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88 Is this condition episodic or fluctuating?
Ali stanje vključuje epizode ali niha?

- No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
- Yes Describe the frequency, duration and severity of episodes, or describe how this condition fluctuates. Include a comment on work capacity during and in between episodes or fluctuating symptoms.
Da

Opišite pogostnost, trajanje in resnost epizod ali opišite, kako stanje niha. Vključite opombo o zmožnosti delovanja v času epizode in med posameznimi epizodami ali nihanjem simptomov.

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Other information / Drugi podatki

89 History of this condition.
Provide details of underlying causes and contributing factors.
Anamneza tega stanja.
Navedite podrobnosti osnovnih vzrokov in prispevajočih dejavnikov.

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90 Provide any additional comments about this condition.
Navedite kakršne koli dodatne opombe o tem stanju.

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93 The diagnosis is:
Diagnoza je:

Confirmed ► *Go to next question*
Potrjena ► *Pojdite na naslednje vprašanje*

Presumptive ► Are further investigations/assessments planned to confirm the diagnosis?
Domnevna ► Ali se za potrditev diagnoze načrtujejo nadaljnje preiskave/ocene?

No ► *Go to next question*
Ne ► *Pojdite na naslednje vprašanje*

Yes ► Give details below
Da ► Spodaj navedite podrobnosti

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94 Has the diagnosis of this condition been made by a consultant psychiatrist?
Ali je diagnozo tega stanja postavil psihiater?

No ► *Go to next question*
Ne ► *Pojdite na naslednje vprašanje*

Yes ► Provide details of the treating psychiatrist
Da ► Navedite podrobnosti lečečega psihiatra

Name

Ime

Qualifications

Kvalifikacije

Address

Naslov

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|-------------------|
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| |
| |
| Country Država |

Phone number

Telefonska številka

| | |
|-------------|------------------|
| Country () | Area code () |
| Država () | Območna koda () |

Date(s) the patient has consulted the psychiatrist.

Day/Dan / Month/Mesec / Year/Leto

Day/Dan / Month/Mesec / Year/Leto

If more than 4, include date of first consultation and date of most recent consultation.

Day/Dan / Month/Mesec / Year/Leto

Day/Dan / Month/Mesec / Year/Leto

Datum/-i bolnikovih posvetov s tem strokovnjakom.

Če so več kot štiri, vključite datum prvega posveta in datum zadnjega posveta.



Attach a report from this treating psychiatrist. This report **MUST** be attached.
Priložite poročilo tega lečečega psihiatra. To poročilo **JE TREBA** priložiti.

► **Go to 97**
Pojdite na vprašanje 97

95 Has the diagnosis been made by the patient's treating doctor?
Ali je diagnozo postavil bolnikov lečeči zdravnik?

No ► Go to next question
Ne ► Pojdite na naslednje vprašanje

Yes ► Provide details of the treating doctor
Da ► Navedite podrobnosti lečečega zdravnika

Name

Ime

Qualifications

Kvalifikacije

Address

Naslov

Country
Država

Phone number

Telefonska številka

Country () Area code ()
Država () Območna koda ()

Date(s) the patient has consulted this medical practitioner.

Day/Dan / Month/Mesec / Year/Leto

Day/Dan / Month/Mesec / Year/Leto

If more than 4, include date of first consultation and date of most recent consultation.

Day/Dan / Month/Mesec / Year/Leto

Day/Dan / Month/Mesec / Year/Leto

Datum/-i bolnikovih posvetov s tem strokovnjakom.

Če so več kot štirje, vključite datum prvega posveta in datum zadnjega posveta.



Attach a report from this treating doctor. This report MUST be attached.

Priložite poročilo tega lečečega zdravnika. To poročilo JE TREBA priložiti.

► Go to next question
► Pojdite na naslednje vprašanje

96 Has the diagnosis been confirmed by a clinical psychologist (i.e. a psychologist with specialised qualifications which legally entitle them to diagnose and treat psychiatric and psychological conditions in their country/countries of practice)?

Ali je diagnozo potrdil klinični psiholog (tj. psiholog s specialističnim usposabljanjem, ki ga zakonsko pooblašča za diagnosticiranje in zdravljenje psihiatričnih in psiholoških stanj v državi/-ah, kjer opravlja svojo dejavnost)?

No **Go to next question**
Ne **Pojdite na naslednje vprašanje**

Yes **Provide details of the clinical psychologist**
Da **Navedite podrobnosti kliničnega psihologa**

Name

Ime

Qualifications

Kvalifikacije

Address

Naslov

Country
Država

Phone number

Telefonska številka

Country () Area code ()
Država () Območna koda ()

Date(s) the patient has consulted this clinical psychologist.

If more than 4, include date of first consultation and date of most recent consultation.

Datum/-i bolnikovih posvetov s tem kliničnim psihologom.

Če so več kot štiri, vključite datum prvega posveta in datum zadnjega posveta.



Attach a report from this clinical psychologist. This report **MUST** be attached.

Priložite poročilo tega kliničnega psihologa. To poročilo **JE TREBA** priložiti.

► **Go to next question**
Pojdite na naslednje vprašanje

97 What was the date of diagnosis?

Datum diagnoze?

98 What was the date of onset of symptoms (if known)?

Datum nastopa simptomov (če je znan)?

99 What is the prognosis of this condition?

Give a timeframe, if applicable.

Kakšna je prognoza za to stanje?

Navedite časovni okvir, če je primerno.

104 Has the patient been hospitalised for this condition?
Ali je bil bolnik zaradi tega stanja hospitaliziran?

No **Go to next question**
Ne **Pojdite na naslednje vprašanje**

Yes Give details below, beginning with the most recent
Da Spodaj navedite podrobnosti, začenši z najnovejšimi

| | | |
|----------|--|--|
| 1 | Condition (diagnosis) Stanje (diagnoza) | <input type="text"/> |
| | Date of admission Datum sprejema | <input type="text" value="Day/Dan / Month/Mesec / Year/Leto"/> |
| | Duration Trajanje | <input type="text"/> |
| | Reason Razlog | <input type="text"/> |
| | Name of institution Ime ustanove | <input type="text"/> |

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| 2 | Condition (diagnosis) Stanje (diagnoza) | <input type="text"/> |
| | Date of admission Datum sprejema | <input type="text" value="Day/Dan / Month/Mesec / Year/Leto"/> |
| | Duration Trajanje | <input type="text"/> |
| | Reason Razlog | <input type="text"/> |
| | Name of institution Ime ustanove | <input type="text"/> |

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| 3 | Condition (diagnosis) Stanje (diagnoza) | <input type="text"/> |
| | Date of admission Datum sprejema | <input type="text" value="Day/Dan / Month/Mesec / Year/Leto"/> |
| | Duration Trajanje | <input type="text"/> |
| | Reason Razlog | <input type="text"/> |
| | Name of institution Ime ustanove | <input type="text"/> |

If the patient has been hospitalised more than 3 times, attach a separate sheet with details.
Če je bil bolnik hospitaliziran več kot trikrat, priložite ločen list s podrobnostmi.

105 Is any future treatment planned for this condition?
Ali se zaradi tega stanja načrtuje kakršno koli zdravljenje v prihodnosti?

No **Go to 107**
Ne **Pojdite na vprašanje 107**

Yes Give details below
Da Spodaj navedite podrobnosti

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| <input type="text"/> |
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106 What is the expected benefit of future treatment?
Detail improvement in symptoms and functional capacity.
Kakšne so pričakovane koristi načrtovanega zdravljenja?
Podrobno opišite izboljšanje simptomov in zmožnosti delovanja.

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107 Indicate compliance with recommended treatment:
Opišite upoštevanje priporočenega zdravljenja s strani bolnika:

Very compliant
Zelo upošteva

Usually compliant
Navadno upošteva

Rarely compliant
Redko upošteva

Uncertain
Nisem prepričan/-a

Detail any issues related to accessing or undertaking suitable treatment that affect compliance levels.
Podrobno opišite težave pri dostopanju do primernega zdravljenja ali njegovi izvedbi, ki vplivajo na stopnjo upoštevanja s strani bolnika.

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Current symptoms / Trenutni simptomi

108 What symptoms currently persist **despite** treatment?
Be specific and include severity, frequency, and duration of symptoms.
Kateri simptomi so trenutno še vedno prisotni **kljub** zdravljenju?
Navedite podrobnosti in vključite resnost, pogostnost ter trajanje simptomov.

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Functional impact / Vpliv na delovanje

109 Details of how this condition currently impacts the patient's ability to function **despite** treatment:
Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja **kljub** zdravljenju:

A Does the patient have difficulty with self care and independent living?
Ali ima bolnik težave s samooskrbo in samostojnim življenjem?

No **Go to B**
Ne **Pojdite na B**

Yes Provide details and examples below
Da Spodaj navedite podrobnosti in primere

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B Does the patient have difficulty with social/recreational activities and travel?
Ali ima bolnik težave z družabnimi/rekreacijskimi dejavnostmi in potovanji?

No **Go to C**
Ne **Pojdite na C**

Yes Provide details and examples below
Da Spodaj navedite podrobnosti in primere

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C Does the patient have difficulty with interpersonal relationships?

Ali ima bolnik težave pri medosebnih odnosih?

No **Go to D**
Ne **Pojdite na D**

Yes Provide details and examples below
Da Spodaj navedite podrobnosti in primere

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D Does the patient have difficulty with concentration and task completion?

Ali ima bolnik težave s koncentracijo in dokončanjem nalog?

No **Go to E**
Ne **Pojdite na E**

Yes Provide details and examples below
Da Spodaj navedite podrobnosti in primere

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E Does the patient have difficulty with behaviour, planning and decision-making?

Ali ima bolnik težave z vedenjem, načrtovanjem in odločanjem?

No **Go to F**
Ne **Pojdite na F**

Yes Provide details and examples below
Da Spodaj navedite podrobnosti in primere

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F Describe any other impacts.

Opišite kakršne koli druge vplive.

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110 Does this condition impact ability to attend and effectively participate in work, education or training activities?

Ali to stanje vpliva na zmožnost udeleževanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

No **Go to next question**
Ne **Pojdite na naslednje vprašanje**

Yes Give details below
Da Spodaj navedite podrobnosti

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- 111** The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:
- Less than 3 months Manj kot 3 mesece
- 3-24 months 3-24 mesecev
- More than 24 months Več kot 24 mesecev

- 112** Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

- Resolve Izzvenel
- Significantly improve Se znatno izboljšal
- Slightly improve Se nekoliko izboljšal
- Fluctuate Nihal
- Remain unchanged Ostal nespremenjen
- Deteriorate Se poslabšal
- Uncertain Nisem prepričan/-a

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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- 113** Is this condition episodic or fluctuating?
Ali stanje vključuje epizode ali niha?

- No Go to next question
Ne Pojdite na naslednje vprašanje

- Yes Describe the frequency, duration and severity of episodes, or describe how this condition fluctuates. Include a comment on work capacity during and in between episodes or fluctuating symptoms.
Da Opišite pogostnost, trajanje in resnost epizod ali opišite, kako stanje niha. Vključite opombo o zmožnosti delovanja v času epizode in med posameznimi epizodami ali nihanjem simptomov.

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Other information / Drugi podatki

- 114** History of this condition.
Provide details of underlying causes and contributing factors.
Anamneza tega stanja.
Navedite podrobnosti osnovnih vzrokov in prispevajajočih dejavnikov.

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- 115** Provide any additional comments about this condition.
Navedite kakršne koli dodatne opombe o tem stanju.

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118 The diagnosis is:
Diagnoza je:

Confirmed Who confirmed the diagnosis?
Potrjena Kdo je potrdil diagnozo?

Name
Ime
Qualifications
Kvalifikacije

Presumptive Are further investigations/assessments planned to confirm the diagnosis?
Domnevna Ali se za potrditev diagnoze načrtujejo nadaljnje preiskave/ocene?

No Yes
Ne Da

119 What was the date of diagnosis?
Datum diagnoze?

Day/Dan / Month/Mesec / Year/Leto

120 What was the date of onset of symptoms (if known)?
Datum nastopa simptomov (če je znan)?

Day/Dan / Month/Mesec / Year/Leto

121 What is the prognosis of this condition?
Give a timeframe, if applicable.
Kakšna je prognoza za to stanje?
Navedite časovni okvir, če je primerno.

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Treatment / Zdravljenje

122 What treatment is currently being provided for this condition (e.g. hospitalisation, surgery, medication, counselling, physical therapy, rehabilitation, pain management)?
Provide specific details (e.g. date of commencement, frequency and duration of treatment or rehabilitation, type and dose of medications).
Kakšno zdravljenje bolnik trenutno prejema zaradi tega stanja (npr. hospitalizacija, kirurški poseg, zdravila, svetovanje, fizioterapija, rehabilitacija, lajšanje/obvladovanje bolečine)?
Navedite podrobnosti (npr. datum začetka, pogostnost in trajanje zdravljenja ali rehabilitacije, vrsta in odmere zdravil).

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123 How effective is current treatment?
Describe response to treatment and degree of control of symptoms.
Kako učinkovito je trenutno zdravljenje?
Opišite odziv na zdravljenje in stopnjo obvladovanja simptomov.

124 Describe any adverse effects of treatment, including severity.
Opišite kakršne koli neželene učinke zdravljenja, vključno z njihovo resnostjo.

125 What treatment has been undertaken in the past (e.g. hospitalisation, surgery, medication, counselling, physical therapy, rehabilitation, pain management)?
Provide specific details (e.g. date of commencement, frequency and duration of treatment or rehabilitation, type and dose of medications).
Kakšno zdravljenje je bolnik prejemal v preteklosti (npr. hospitalizacija, kirurški poseg, zdravila, svetovanje, fizioterapija, rehabilitacija, lajšanje/obvladovanje bolečine)?
Navedite podrobnosti (npr. datum začetka, pogostnost in trajanje zdravljenja ali rehabilitacije, vrsta in odmerek zdravil).

126 Does the patient wear or use any aids, equipment or assistive technology for this condition?
Ali bolnik zaradi tega stanja nosi ali uporablja kakršne koli pripomočke, opremo ali podporno tehnologijo?

No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
Yes *Give details below*
Da *Spodaj navedite podrobnosti*

127 Is any future treatment planned for this condition?
 Ali se zaradi tega stanja načrtuje kakršno koli zdravljenje v prihodnosti?

No **Go to 129**
 Ne **Pojdite na vprašanje 129**

Yes Give details below
 Da Spodaj navedite podrobnosti

128 What is the expected benefit of future treatment?
 Detail improvement in symptoms *and* functional capacity.
 Kakšne so pričakovane koristi načrtovanega zdravljenja?
 Podrobno opišite izboljšanje simptomov *in* zmožnosti delovanja.

129 Indicate compliance with recommended treatment:
 Opišite upoštevanje priporočenega zdravljenja s strani bolnika:

Very compliant Usually compliant Rarely compliant Uncertain
 Zelo upošteva Navadno upošteva Redko upošteva Nisem prepričan/-a

Detail any issues related to accessing or undertaking suitable treatment that affect compliance levels.
 Podrobno opišite težave pri dostopanju do primernega zdravljenja ali njegovi izvedbi, ki vplivajo na stopnjo upoštevanja s strani bolnika.

Current symptoms / Trenutni simptomi

130 What symptoms currently persist **despite** treatment, aids, equipment or assistive technology?
 Be specific and include severity, frequency, and duration of symptoms.
 Kateri simptomi so še vedno prisotni **kljub** zdravljenju, pripomočkom, opremi ali podporni tehnologiji?
 Navedite podrobnosti in vključite resnost, pogostnost ter trajanje simptomov.

131 Details of how this condition currently impacts the patient's ability to function **despite** treatment, aids, equipment or assistive technology.

Describe in detail the impact on:
Podrobnosti, kako stanje trenutno vpliva na zmožnost delovanja **kljub** zdravljenju ali uporabi pripomočkov, opreme ali podporne tehnologije.
Podrobno opišite vpliv na:

A Endurance.
Vzdržljivost.

B Movement/dexterity (e.g. walking, bending, sitting, standing, lifting/carrying/manipulating objects).
Gibanje/spretnost (npr. hojo, upogibanje, sedenje, stojo, dvigovanje/prenašanje/premikanje predmetov).

C Neurological/cognitive function (e.g. concentrating, decision making, memory, problem solving).
Nevrološko/kognitivno delovanje (npr. koncentracijo, sposobnost odločanja, spomin, reševanje težav).

D Functions of consciousness (involuntary loss of consciousness or altered consciousness e.g. seizures, migraines).
Funkcije zavesti (nenamerno izgubo zavesti ali spremenjeno zavest, npr. epileptične napade, migrene).

E Behaviour, planning, interpersonal relationships.
Vedenje, načrtovanje, medosebna razmerja.

F Sensory and communication functions (e.g. seeing, hearing, speaking).
Čutne in komunikacijske funkcije (npr. vid, sluh, govor).

G Digestive, reproductive and continence functions.
Presnovne, reproduktivne in kontinentne funkcije.

H Need for care (e.g. support in daily living, supported accommodation or nursing home/hospital care).
Potrebo po oskrbi (npr. podpora pri vsakodnevnem življenju, bivališče s podporo ali negovalni dom/bolnišnična oskrba).

I Shopping and performing household tasks.
Nakupovanje in opravljanje gospodinjskih del.

J Driving and use of public transport.
Vožnjo in uporabo javnega prevoza.

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K Other impacts as applicable.
Drugi vplivi, če so prisotni.

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132 Does this condition impact ability to attend and effectively participate in work, education or training activities?
Ali to stanje vpliva na zmožnost udejstvovanja in aktivnega sodelovanja pri delu, izobraževanju ali usposabljanju?

- No *Go to next question*
Ne *Pojdite na naslednje vprašanje*
- Yes *Give details below*
Da *Spodaj navedite podrobnosti*

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133 The impact of this condition on the patient's ability to function is expected to persist for:
Pričakuje se, da bo vpliv stanja na bolnikovo zmožnost delovanja trajal:

- Less than 3 months 3-24 months More than 24 months
Manj kot 3 mesece 3-24 mesecev Več kot 24 mesecev

134 Within the next 2 years the impact of this condition on the patient's ability to function is expected to:
Pričakuje se, da bo v naslednjih 2 letih vpliv stanja na bolnikovo zmožnost delovanja:

- Resolve
Izzvenel
- Significantly improve
Se znatno izboljšal
- Slightly improve
Se nekoliko izboljšal
- Fluctuate
Nihal
- Remain unchanged
Ostal nespremenjen
- Deteriorate
Se poslabšal
- Uncertain
Nisem prepričan/-a

Detail the functional capacity to be achieved within the next 24 months.
Opišite zmožnost delovanja, ki jo bo bolnik dosegel v naslednjih 24 mesecih.

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135 Is this condition episodic or fluctuating?
Ali stanje vključuje epizode ali niha?

No Go to next question
Ne Pojdite na naslednje vprašanje

Yes Describe the frequency, duration and severity of episodes (including episodes in loss of or altered consciousness), or describe how this condition fluctuates. Include a comment on work capacity during and in between episodes or fluctuating symptoms.
Da Opišite pogostnost, trajanje in resnost epizod (vključno z epizodami izgube ali spremenjene zavesti) ali opišite, kako to stanje niha. Vključite opombo o zmožnosti delovanja v času epizode in med posameznimi epizodami ali nihanjem simptomov.

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Other information / Drugi podatki

136 History of this condition.
Provide details of underlying causes and contributing factors.
Anamneza tega stanja.
Navedite podrobnosti osnovnih vzrokov in prispevajajočih dejavnikov.

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137 Provide any additional comments about this condition.
Navedite kakršne koli dodatne opombe o tem stanju.

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PART G – Additional information

DEL G – Dodatne informacije

- 138** Does the patient have any other medical conditions which are generally well managed and cause minimal or limited impact on ability to function?
Ali ima bolnik katera koli druga zdravstvena stanja, ki so na splošno dobro nadzorovana in povzročajo minimalen ali omejen vpliv na zmožnost delovanja?

No ► *Go to next question*
Ne ► *Pojdite na naslednje vprašanje*

Yes ► *Give details below*
Da ► *Spodaj navedite podrobnosti*

| Condition (diagnosis) Stanje (diagnoza) | Treatment Zdravljenje | Significant improvement expected? Ali se pričakuje znatno izboljšanje? | | Impact on ability to function Vpliv na zmožnost delovanja |
|--|--------------------------|---|------------------------------------|--|
| | | No Ne | Yes Da | |
| 1 | | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da | |
| | | | | |
| | | | | |
| 2 | | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da | |
| | | | | |
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| 3 | | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da | |
| | | | | |
| | | | | |
| 4 | | No <input type="checkbox"/> Ne | Yes <input type="checkbox"/> Da | |
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If there are more than 4 medical conditions which do NOT have a significant impact on ability to function, attach a separate sheet with details.

Če so prisotna več kot 4 zdravstvena stanja, ki NIMAJO pomembnega vpliva na zmožnost delovanja, priložite ločene liste s podrobnostmi.

- 139** Patient's details
Bolnikovi podatki

Height
Telesna višina

Weight
Telesna teža

Blood pressure
Krvni tlak

- 140** Does the patient have a medical condition that may significantly reduce their life expectancy?
Ali ima bolnik zdravstveno stanje, ki lahko pomembno skrajša njegovo pričakovano življenjsko dobo?

No ► **Go to 142**
Ne ► **Pojdite na vprašanje 142**

Yes ► **Diagnosis of condition**
Da ► **Diagnoza stanja**

| |
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| <hr/> <hr/> <hr/> |
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- 141** Is the average life expectancy of a patient with this condition shorter than 24 months?
Ali je povprečna pričakovana življenjska doba bolnika s tem stanjem krajša od 24 mesecev?

No
Ne

Yes
Da

PART H – Capacity for work or training

DEL H – Zmožnost za delo ali usposabljanje

Instructions for the doctor

PART H is to provide a holistic summary of the patient's current and potential capacity for work.

- Only those medical conditions with impact on functional capacity expected to persist for more than 2 years should be considered in assessing the patient's work capacity.
- Rate how the patient's work capacity is affected by their medical conditions now and over the next 2 years. This means any work the patient is capable of performing regardless of the availability of that work and without regard to the patient's age, educational level and current work skills.
- Tick **one** option for each column in the work capacity tables.
- Respond even if the patient has not worked for some time.

Navodila za zdravnika

DEL H je namenjen celostnemu povzetku bolnikove trenutne in potencialne zmožnosti za delo.

- Pri ocenjevanju bolnikove zmožnosti za delo je treba upoštevati samo zdravstvena stanja, ki vplivajo na funkcionalno zmožnost in za katera se pričakuje, da bodo trajala več kot 2 leti.
- Ocenite, kako bolnikovo zdravstveno stanje trenutno vpliva in kako bo v naslednjih 2 letih vplivalo na njegovo zmožnost za delo. To pomeni kakršno koli delo, ki ga je bolnik zmožen opravljati, ne glede na razpoložljivost takega dela in ne glede na starost, stopnjo izobrazbe ter trenutne delovne spretnosti.
- V vsakem stolpcu tabel za delovno zmožnost označite **eno** možnost.
- Odgovorite tudi, če bolnik že nekaj časa ne opravlja dela.

- 142** Indicate your assessment of the patient's capacity to do any work **WITHOUT ANY INTERVENTION** programs: i.e. **WITHOUT** programs that are designed to assist people back into the workforce (e.g. on the job training, vocational rehabilitation).
Navedite svojo oceno bolnikove zmožnost za kakršno koli delo **BREZ KAKRŠNIH KOLI INTERVENCIJSKIH** programov: tj. **BREZ** programov, katerih namen je bolnikom pomagati, da se vrnejo na delo (npr. usposabljanje pri delu, poklicna rehabilitacija).

Work capacity / Zmožnost za delo

| | Current Trenutna | Within 6 months V 6 mesecih | 6–24 months V 6-24 mesecih | More than 24 months Več kot 24 mesecev |
|--|---------------------|--------------------------------|-------------------------------|--|
| 0–7 hrs per week 0–7 ur na teden | | | | |
| 8–14 hrs per week 8–14 ur na teden | | | | |
| 15–29 hrs per week 15–29 ur na teden | | | | |
| 30+ hrs per week Več kot 30 ur na teden | | | | |

Type of work / Vrsta dela

Suggested suitable work
Predlog za primerno delo

| |
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Provide reasons for work capacity and type of work recommendations

Navedite razloge za delovno zmožnost in priporočila za vrsto dela

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143 Indicate your assessment of the patient's capacity to do any work WITH INTERVENTION programs:

i.e. WITH programs that **are** specifically designed for people with physical, intellectual or psychiatric impairments (e.g. vocational rehabilitation, disability employment services) AND those that **are not** (e.g. vocational or pre-vocational training, on the job training and educational programs).

Navedite svojo oceno bolnikove zmožnosti za kakršno koli delo Z INTERVENCIJSKIMI PROGRAMI: tj. S PROGRAMI, ki **so** posebej zasnovani za osebe s telesnimi, intelektualnimi ali psihiatričnimi motnjami (npr. poklicna rehabilitacija, programi za zaposlovanje invalidov), IN programi, ki to **niso** (npr. poklicno ali predpoklicno usposabljanje, usposabljanje pri delu in izobraževalni programi).

Work capacity / Zmožnost za delo

| | Current Trenutna | Within 6 months V 6 mesecih | 6–24 months V 6-24 mesecih | More than 24 months Več kot 24 mesecev |
|--|---------------------|--------------------------------|-------------------------------|--|
| 0–7 hrs per week 0–7 ur na teden | | | | |
| 8–14 hrs per week 8–14 ur na teden | | | | |
| 15–29 hrs per week 15–29 ur na teden | | | | |
| 30+ hrs per week Več kot 30 ur na teden | | | | |

Type of work / Vrsta dela

Suggested suitable work
Predlog za primerno delo

.....

.....

.....

Provide reasons for work capacity and type of work recommendations

Navedite razloge za delovno zmožnost in priporočila za vrsto dela

.....

.....

.....

144 What type(s) of assistance would best assist the patient to return to work?

Kakšna/-e vrsta/-e pomoči bi bila/-e najboljša/-e, da bi se lahko bolnik vrnil na delo?

No assistance required
Potrebna ni nobena pomoč

Go to 146
Pojdite na vprašanje 146

Educational training (e.g. Year 12)
Izobraževalno usposabljanje (npr. srednja šola)

Vocational/work training and rehabilitation
Poklicno/delovno usposabljanje in rehabilitacija

On-the-job training
Usposabljanje pri delu

Go to next question
Pojdite na naslednje vprašanje

Voluntary work
Prostovoljno delo

Drug and alcohol assistance
Pomoč zaradi uporabe drog in alkohola

Other
Drugo

Give details below
Spodaj navedite podrobnosti

.....

.....

.....

145 Indicate your assessment of the patient's interest in pursuing assistance to return to work:

Navedite svojo oceno bolnikovega interesa, da prejme pomoč za vračanje na delo:

Nil Minimal Moderate Substantial
Brez Minimalen Zmeren Velik

Give details below
Spodaj navedite podrobnosti

.....


.....

.....

PART i – Certification

DEL i – Certifikacija

- 146 This patient has been... my patient since
Ta bolnik je... moj pacient od
- | | | |
|---------|-------------|-----------|
| Day/Dan | Month/Mesec | Year/Leto |
| / | / | |
- a patient at this practice since
pacient v tej ambulanti od
- | | | |
|---------|-------------|-----------|
| Day/Dan | Month/Mesec | Year/Leto |
| / | / | |
- 147 Would you like someone from Services Australia, or a medical assessor authorised by Services Australia to contact you about this report (e.g. if there is any information which, if released to the patient, might be prejudicial to their physical or mental health)?
Ali želite, da vladna služba Services Australia ali strokovnjak, ki opravlja zdravstveno oceno in ga je pooblastila vladna služba Services Australia naveže stik z vami glede tega poročila (npr. če obstajajo kakršni koli podatki, ki bi lahko vplivali na bolnikovo telesno ali duševno zdravje, če se mu posredujejo)?
- No Go to next question
Ne Pojdite na naslednje vprašanje
- Yes The following days and local times suit me:
Da Ustrezajo mi naslednji dnevi in lokalni čas:
- | Day | Time | | | | |
|----------------------|------|-------------|----|----|-------------|
| Dan | Čas | | | to | |
| <input type="text"/> | : | am/dopoldan | to | : | am/dopoldan |
| | : | pm/popoldan | do | : | pm/popoldan |
| <input type="text"/> | : | am/dopoldan | to | : | am/dopoldan |
| | : | pm/popoldan | do | : | pm/popoldan |
- Would you like an interpreter when speaking with us?
Ali želite imeti ob pogovoru z nami na voljo tolmača?
- No Go to next question
Ne Pojdite na naslednje vprašanje
- Yes Preferred language
Da Prednostni jezik

- 148 Doctor's details and declaration Please make sure you have read the **Privacy and your personal information on page 3** of this form. Please print in BLOCK LETTERS or use stamp. Zdravnikovi podatki in izjava Prosimo vas, da preberete informacije o **zasebnosti in vaše osebne podatke na tretji strani** tega obrazca. Izpolnite z VELIKIMI TISKANIMI ČRKAMI ali uporabite žig.
- Details of doctor completing this report:
Podatki zdravnika, ki je izpolnil to poročilo:
- Name of doctor
Ime
- Qualifications
Kvalifikacije
- Address
Naslov
- Country
Država
- Phone number
Telefonska številka
- | | | | |
|-----------|---|--------------|---|
| Country (|) | Area code (|) |
| Država | | Območna koda | |
- Signature
Podpis 
- Date
Datum
- Stamp (if applicable)
Žig (če se uporablja)

149 Returning this report
Vračanje tega poročila

Return address
Povratni naslov

Services Australia
International Services
Reply Paid 7809
CANBERRA BC ACT 2610
AUSTRALIA

Please post this completed report and any attachments directly to International Services, or if you prefer, you may give this completed report and any attachments to your patient to return to International Services.

Thank you for your assistance.

Izpolnjeno poročilo in vse priloge naslovite neposredno na službo za mednarodne storitve (International Services). Izpolnjeno poročilo z vsemi prilogami lahko daste tudi bolniku, da jih službi za mednarodne storitve (International Services) posreduje on sam.

Hvala za vašo pomoč.

ENQUIRIES

If you have any questions please call
(+61 3) 6222 3455 (outside Australia)
131 673 (inside Australia)

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

POIZVEDBE

Če imate kakršna koli vprašanja, pokličite na tel. številko
(+61 3) 6222 3455 (zunaj Avstralije) ali **131 673** (v Avstraliji).

Opomba: Ti telefonski številki nista brezplačni – tarifa za klice z mobilnih telefonov je lahko višja.