*This example report template was created to assist medical professionals to gather relevant information for a person applying for the National Disability Insurance Scheme. It provides guidance on what type of evidence the National Disability Insurance Agency uses to assess whether a person is eligible. We have tried to keep the template as short as possible, however, our experience shows it is in the applicant’s best interest to have comprehensive information included. It is likely to take between 15 to 45 minutes to complete this form. Medicare can cover the cost of this appointment. You are not required to provide evidence in this report format. It is not guaranteed that providing evidence in this format will result in a person being found eligible for the NDIS. You only have to complete the form on the areas of severe impairment. If using this template, please delete all sections marked in red.*

Date: Click or tap to enter a date.

To Whom It May Concern,

**Re: Letter in support of NDIS Access Request for person’s name**

I am assisting person’s name with requesting access to the National Disability Insurance Scheme (NDIS). This person has been a patient at this practice since date. My details are:

Name:

Qualifications:

Address:

Phone Number:

1. **Diagnosis**
	1. Please list the main impairments and the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Date of Diagnosis  | Diagnosis Made By | Is it likely to be permanent? Y/N |
|  |  |  |  |
| Diagnosis | Date of Diagnosis  | Diagnosis Made By | Is it likely to be permanent? Y/N |
|  |  |  |  |

Please attach any supporting evidence relating to the diagnosis

1.2 Please identify which of the following categories apply:

[ ] Intellectual Disability [ ] Physical Disability

[ ] Cognitive Disability [ ] Psychiatric/Psychosocial Disability

[ ] Neurological Disability [ ] Developmental Delay

[ ] Sensory Disability

1.3 If applicable, the provision of early intervention supports will:

[ ] Alleviate the impact of the person’s impairment

[ ] Prevent deterioration of the person’s impairment

[ ] Improve functional capacity

[ ] Strengthen the sustainability of available or existing supports.

**If applicable, details of recommended early intervention supports:**

|  |
| --- |
|  |

1.4 A brief description of treatment includes:

|  |  |  |
| --- | --- | --- |
| Condition | Treatment | Outcome |
|  |  |  |

**Past Treatment and Outcomes** (*list previous medications, aids, protective equipment, and assistive technology)*

**Current Treatment** (*list current medication, aids and protective equipment and if these are expected to improve the symptoms or if they are for maintenance only)*

|  |  |  |
| --- | --- | --- |
| Condition | Treatment | Expected Outcome |
|  |  |  |

**Other Treatment Options**

Please list other treatment options not trialled and or considered. State the reason (*eg medication interaction, impact of other impairments, affordability)*

|  |  |
| --- | --- |
| Other Treatment Options | Reasons  |
|  |  |

1.5 Have any assessments been undertaken on the level of impairment? (*eg WHODAS, LSP-16)*

[ ] Yes

[ ] No

**If yes**, the details of assessment are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment Type** | **Date Completed** | **Score or Rating** | **Conclusion** | **Assessment attached to this letter** |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |

*List all assessments; add more rows if more space is required.*

**2 Functional Capacity**

Person’s name has substantial reduced functional capacity in the following domains because of their impairment/s:

**2.1 Communication**

Does the person require assistance to communicate because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, needs assistance to communicate their needs or wants.

[ ] **Yes**, needs assistance to understand others, follow instructions and directions.

[ ] **Yes**, needs assistance to initiate and maintain conversations.

[ ] **Yes**, needs assistance to communicate with professionals about health and social supports.

[ ] **Yes**, needs special equipment, assistive technology and/or assistance from other people.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties in communication:

|  |
| --- |
|  |

**2.2 Social Interaction**

Does the person require assistance to interact with others because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, needs assistance to control and cope with emotions.

[ ] **Yes**, needs assistance to maintain family relationships and friendships, is socially isolated and withdrawn.

[ ] **Yes**, needs assistance to interact with strangers in an appropriate manner.

[ ] **Yes**, needs assistance to engage in social and or recreational activities.

[ ] **Yes**, needs assistance with initiating and responding to conversation.

[ ] **Yes**, needs assistance with employment, training or volunteer work.

[ ] **Yes**, needs assistance with driving and or using public transport.

[ ] **Yes**, needs special equipment, assistive technology and/or assistance from other people.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with social interaction:

|  |
| --- |
|  |

**2.3 Learning**

Does the person require assistance to learn new skills because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, has difficulty in paying attention and focussing on tasks and activities.

[ ] **Yes**, needs assistance to learn, practice and retain new things and skills.

[ ] **Yes**, needs assistance to understand and remember information.

[ ] **Yes**, needs assistance to participate in group learning, classes, tutorials etc.

[ ] **Yes**, needs special equipment, assistive technology and/or assistance from other people.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with learning:

|  |
| --- |
|  |

**2.4 Mobility**

Does the person require assistance for independent mobility because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, needs special equipment to move in or out of the home. This includes getting in and out of bed for example.

[ ] **Yes**, needs assistive technology.

[ ] **Yes**, needs home modifications.

[ ] **Yes**, cannot use public transport, or experiences difficulty doing so.

[ ] **Yes**, needs assistance from other persons, physical assistance, guidance, supervision or prompting within the home and leaving the home. This includes manual handling.

[ ] **Yes**, needs assistance with travel and or transport. This includes mobility difficulties because of side effects of treatment.

[ ] **Yes**, needs assistance with travel and or transport because they are reluctant to travel alone and or reluctant to travel to unfamiliar environments.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with mobility:

|  |
| --- |
|  |

**2.5 Self-Care**

Does the person require assistance to self- care because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, needs assistance to maintain a safe living environment.

[ ] **Yes**, needs assistance to maintain physical health, including managing medication, sexual health and wellbeing.

[ ] **Yes**, needs assistance for personal hygiene and have a regular routine in the home. This includes grooming, feeding, showering, dressing, eating, and toileting.

[ ] **Yes**, needs assistance to do housework and gardening.

[ ] **Yes**, needs special equipment, assistive technology and/or assistance from other people.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with self-care:

|  |
| --- |
|  |

**2.6 Self-Management**

Does the person require assistance to manage themselves because of their impairment/s? (*tick all that apply*)

[ ] **Yes**, needs assistance to organise and coordinate their day-to-day life.

[ ] **Yes**, needs assistance to manage diet and or nutrition and or go grocery shopping and or prepare own meals.

[ ] **Yes**, needs assistance to make decisions and problem solve. This includes having difficulty coping with situations involving stress, pressure or performance demands.

[ ] **Yes**, needs assistance to attend appointments and engage with other professionals.

[ ] **Yes**, needs assistance to coordinate professional supports.

[ ] **Yes**, needs assistance to manage their finances. This can include paying bills and budgeting money.

[ ] **Yes**, needs special equipment, assistive technology and/or assistance from other people.

[ ] **No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties in self-management:

|  |
| --- |
|  |

**3 Concluding Statement**

Other important information to consider or note:

[ ] None.

[ ] To be considered/noted:

|  |
| --- |
|  |

*Delete this paragraph if not applicable –* Person’s name has a disability that is likely to be life long, reduces their functional capacity in their daily life, and or may benefit from early intervention to prevent or minimise the deterioration in their condition/s. Person’s name is likely to require assistance from the NDIS on an ongoing basis to effectively manage the impacts of their impairment/s.

If you have any questions related to any of the information stated above or you would like to discuss further, please do not hesitate to contact me.

Kind Regards,

Your name and signature

**EXPLANATION OF KEY WORDS**

Taken from the NDIS website and the *National Disability Insurance Scheme Act 2013.*

Please look at the Operational Guidelines for accessing the NDIS for further information <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline>

Likely to be permanent:

* + If likely to be permanent, it would be helpful to have information provided on past/present/future treatments.
	+ Likely to be lifelong if:
		- There are no known, available and appropriate evidence-based treatments that would likely remedy the impairment;
		- The impairment varies in intensity and may be permanent;
		- The severity of the impact on functional capacity may fluctuate or potentially improve;
		- The impairment does not require further medical treatment or review;
		- The impairment may continue to be treated and reviewed after being medically demonstrated as permanent; and
		- If impairment is degenerative and no other treatment is likely to improve the condition.

Early Intervention

* A person meets the early intervention requirements if:
	+ The person:
		- Has one or more of the following- intellectual, cognitive, neurological, sensory or physical impairments that are permanent or likely to be permanent; or
		- Has one or more impairments attributable to a psychiatric condition which is permanent or likely to be permanent; or
		- Is a child who has developmental delay; **and**
	+ Early intervention supports is likely to benefit the person by reducing the future needs for supports; **and**
	+ Early intervention supports is likely to benefit the person by:
		- Alleviating the impact of the impairment; or
		- Preventing the deterioration of functional capacity; or
		- Improving functional capacity; or
		- Strengthening the sustainability of informal supports available to the person.

Communication

* Includes being understood in spoken, written or sign language, understanding others and expressing needs and wants by gesture, speech or context appropriate to age.
* Includes experience difficulty in initiating or maintaining a conversation, communicating their needs or wants, or in following instructions, conversations or directions for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Social Interaction

* Includes making and keeping friends or playing with other children, interacting with the community, behaving within limits accepted by others, coping with feelings and emotions in a social context.
* Includes person’s level of trust in other people, experiencing difficulty in social interactions and maintaining relationships with family, peers or in the workplace for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Learning

* Includes understanding and remembering information, learning new things, practicing and using new skills.
* Includes having trouble on planning, memory, concentration, ability to learn new information or participate in group learning for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Mobility

* Means the ability of the person to move around the home crawling/walking to undertake ordinary activities of daily living as is normal of peers of a similar age, getting in and out of bed or a chair, leaving the home, moving about the community and performing other tasks requiring the use of limbs.
* Includes the person experiencing difficulty to leave the house, use public transport, go to shopping centres, attend recreational or vocational activities as a result of side effects of treatment for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Self-Care

* Means activities related to personal care, hygiene, grooming and feeding oneself, includes showering, bathing, dressing, eating, toileting, caring for own health care needs.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Self-Management

* Means the cognitive capacity to organise one’s life, to plan and make decisions, to take responsibility such as completing daily tasks making decisions, problem solving and managing finances.
* Includes experiencing difficulty with maintaining accommodation, motivation, interest in life, ability to concentrate on and prioritise tasks for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?