



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

00000000000000000000

## Please read this before you start

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
  - The person requires ongoing support to undertake the normal functions of life, or
  - The person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners - Disability Allowance" brochure.

## Name

### 1. What is the client's name:

First name(s)

\_\_\_\_\_

Surname or family name

\_\_\_\_\_

## Disability details

### 2. Registered medical practitioner's name and address:

\_\_\_\_\_ Ltd. FRNZCGP

AUCK 10  
Ph  
Fax

### 3. Does the person have a disability that meets the Disability Allowance criteria?

- Yes ▶ Please provide details below:  No ▶ Please go to Registered Medical Practitioner Verification

### 4. What is the nature of the person's disability? Please tick the major disabilities or specify below:

#### Psychological or psychiatric conditions

- Stress (160)  
 Depression (161)  
 Bipolar disorder (162)  
 Schizophrenia (163)  
 Other psychological/psychiatric (165)

#### Nervous system disorders

- Epilepsy (120)  
 Multiple sclerosis (121)  
 Parkinson's disease (122)  
 Muscular dystrophy (123)  
 Other nervous system disorders (124)

#### Cardio-vascular disorders

- Heart disease (130)  
 Stroke (131)  
 Other cardio-vascular (132)

#### Immune system disorders

- HIV / Aids (140)  
 Other immune system disorders (141)

#### Metabolic and endocrine disorders

- Diabetes (150)  
 Other metabolic or endocrine disorders (151)

continued overleaf...

**Substance Abuse**

- Alcohol (170)
- Drug (171)
- Other substance abuse (172)

**Sensory disorders**

- Blindness (180)
- Other visual / eye (181)
- Hearing / ear (182)
- Other sensory disorders (183)

**Accident**

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)

- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

**Other disorders**

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

**5. Please indicate the expected duration of the disability:**

- Less than 6 months ▶ There may be no entitlement to Disability Allowance
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent ▶ Never reassess

**Verification of doctor or specialist visits**

**6. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:**

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
GP	\$ 10-32	2 monthly	
	\$		
	\$		

**Items / services / treatments / pharmaceuticals**

**7. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials
Prescriptions, water filters, transport	
Dietary supplements, Garden Costs,	
Phone	

**Registered Medical Practitioner's verification**

Please print or stamp your full name, address, telephone number and Medical Council registration number.

Registered Medical Practitioner's stamp or name and address

Medical Council registration number

FRNZCGP

Ph. \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

Medical Practitioner's signature

\_\_\_\_\_

27 6 10

Day Month Year

This information is required under the Social Security Act 1964.

**Privacy Act:** The person has been advised and understands that this information is required for benefit assessment purposes.