

Designated Doctor Report

HDS006W - APR 2008



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Information for case managers

This report allows designated doctors to address specific reasons for a client's referral and to provide information additional to a medical certificate.

Please complete this page and send the form to the appropriate designated doctor before their appointment with the person concerned.

Case manager details

Case manager's name

First name(s)

Surname or family name

Case manager's contact details

Service centre name

Service centre postal address

Work phone

Fax

Email

work and income
01 JUL 2010
RECEIVED
Original Signed

Client details

Client's name

First name(s)

Surname or family name

Date of birth

Day	Month	Year

Gender

Male

Female

Client's contact details

Address

Home phone

Mobic phone

Alternative phone

Email

Fax

Client's previous occupation

Client's usual GP

Diagnosis

Q1 note: Please list the condition with the greatest impact on work ability first.

1. What are the main clinical conditions or disabilities impacting on the person's ability to work? Please include physical, mental health and intellectual conditions/disabilities.

READ Code	Description	Date of onset/termination
1.	Alcohol Binge Drinking	
2.		
3.		

2. What other conditions are impacting on the person's ability to work? Please include co-morbidities, pain, stress or other conditions/disabilities.

READ Code	Description	Date of onset/termination
4.	Motivation lacking	
5.		
6.		

3. Is the impact of the condition on the person's ability to work likely to fluctuate or be intermittent?

No Yes

4. Please provide any additional diagnosis details below:

Current treatment or intervention

5. Is the person under the care of a specialist(s)?

No Yes Please give details of the condition/disability below:

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Type of specialist(s) Private Public

Name of specialist(s)

6. What treatment or intervention(s) is the person currently receiving?

Intervention	Provider	Expected date of completion

Impact on ability to work

7. Is the person totally blind (VA \leq 1/20 with correction)?

No Yes

8. Does the person's sickness, injury or disability limit their capacity to seek, undertake or be available for employment for 30 hours or more per week?

No Yes

9. Does the person's sickness, injury or disability prevent them from regularly being in open employment for 15 hours or more per week?

No Yes

10. Is the person's condition expected to last at least 2 years?

No Yes

11. Is the person's life expectancy less than 2 years?

No Yes

12. What date was the person unable to work from?

17 6 10
Day Month Year

13. When should the person's entitlement to benefit next be assessed?

17 9 10 OR 2 years 5 years Never
Day Month Year

Q12 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

Q13 note: Work and Income requires reassessment for the Sickness Benefit at least every 13 weeks. The first reassessment will be after a maximum of 4 weeks.

Q14 note: Please provide a description of how these conditions contribute to the person's inability to work (eg difficulty walking, poor concentration, inability to stand for extended periods).

Q15 note: Work and Income would like to help them plan for their future, including employment, rehabilitation and social participation.

14. How do the conditions outlined in Questions 1-6 impact on the person's ability to work?

involuble
lonely isolation

15. When is the person likely to be capable of the following?

	Now	← 1 month	1-3 months	3-6 months	→ 6 months	Unlikely in the foreseeable future
Work planning	/					
Training	/					
Light/selected duties	/					
Part-time work (up to 30 hours per week)	/					
Full-time work (over 30 hours per week)				/		

Factors which impact on ability to work

16. Please indicate the factors which impact on the person's ability to work by completing the table below:

Type	Description	Code	Type	Description	Code
Vocational	<input type="checkbox"/> Limited employment history	V01	Personal	<input checked="" type="checkbox"/> Motivation	P01
	<input type="checkbox"/> Extended time out of workforce	V02		<input type="checkbox"/> Work attitude	P02
	<input type="checkbox"/> Limited skills/experience	V03		<input type="checkbox"/> Confidence	P03
	<input type="checkbox"/> Workplace limitations	V04		<input type="checkbox"/> Insight	P04
	<input type="checkbox"/> Job seeking skills	V05		<input type="checkbox"/> Energy levels	P05
	<input type="checkbox"/> Job performance history	V06		<input type="checkbox"/> Flexibility	P06
	<input type="checkbox"/> History of poor job satisfaction	V07		<input type="checkbox"/> Worry and stress	P07
	<input type="checkbox"/> Limited work goals	V08		<input type="checkbox"/> Fear of failure	P08
	<input type="checkbox"/> Return to work costs	V09		<input type="checkbox"/> Anger	P09
	<input type="checkbox"/> Workplace intimidation	V10		<input type="checkbox"/> Fear of aggravation	P10
Educational	<input type="checkbox"/> Formal education	E01	<input type="checkbox"/> Personal hygiene	P11	
	<input type="checkbox"/> Literacy/numeracy	E02	<input type="checkbox"/> Environmental awareness	P12	
	<input type="checkbox"/> Limited success at training	E03	<input type="checkbox"/> Home management skills	P13	
Health related	<input type="checkbox"/> Physical limitations	H01	<input type="checkbox"/> Financial management	P14	
	<input type="checkbox"/> Psychological/psychiatric condition	H02	<input type="checkbox"/> Social interaction	P15	
	<input type="checkbox"/> Cognitive/neurological condition	H03	<input type="checkbox"/> Age discrimination	P16	
	<input type="checkbox"/> Sensory impairment	H04	<input type="checkbox"/> Perceived lack of available jobs	P17	
	<input type="checkbox"/> Learning disabilities	H05	<input type="checkbox"/> Appearance	P18	
	<input checked="" type="checkbox"/> Substance abuse	H06	Legal	<input type="checkbox"/> Ex-offending history	L01
	<input type="checkbox"/> Undergoing current treatment	H07		<input type="checkbox"/> Legal action pending	L02
	<input type="checkbox"/> Frequent hospitalizations/treatment demands	H08		<input type="checkbox"/> Family law issues	L03
	<input type="checkbox"/> Imminent terminal illness	H09	Environmental	<input type="checkbox"/> Accommodation	N01
	<input type="checkbox"/> Episodic fluctuations	H10		<input type="checkbox"/> Transport	N02
	<input type="checkbox"/> Awaiting health service	H11		<input type="checkbox"/> Geographic isolation	N03
	<input type="checkbox"/> High levels of physical support	H12		<input type="checkbox"/> Lack of employment opportunities	N04
	<input type="checkbox"/> Endurance limitations	H13		<input type="checkbox"/> Employer resistance to beneficiaries	N05
	<input type="checkbox"/> Concentration limitations	H14		<input type="checkbox"/> Employer resistance to conditions or modifications	N06
	<input type="checkbox"/> Manual dexterity limitations	H15		<input type="checkbox"/> Benefit disincentives/stand down periods	N07
	<input type="checkbox"/> Mobility restrictions	H16		<input type="checkbox"/> Case management	N08
	<input type="checkbox"/> Physical fitness	H17		<input type="checkbox"/> Provider relationships	N09
	<input type="checkbox"/> Chronic pain	H18		<input type="checkbox"/> Conflict between agencies	N10
Socio-cultural	<input type="checkbox"/> Reliability limitations	S01	<input type="checkbox"/> No identified factors impact on the person's ability to seek or undertake work		
	<input type="checkbox"/> Cultural factors	S02			
	<input type="checkbox"/> Language/communication	S03			
	<input type="checkbox"/> Relationships/family	S04			
	<input type="checkbox"/> Support network	S05			
	<input type="checkbox"/> Caring responsibilities	S06			

Planning for employment

The client's consent is needed for this section.

Q19 note: Where an intervention could assist the person into work, Work and Income may consider helping the person to access this service.

17. Using the completed table from Question 16, which factors have the most significant impact on the person's ability to work?

Description	Cr. 1	Cr. 2
Alcohol		
Motivation		

18. Comment on how these factors impact on the person's ability to work below

[Empty text box for comment]

19. How could these factors best be addressed?

Intervention	Suggested provider
Counselling	
Planning	

20. If these treatments or interventions were made available, how likely is it that the person will be able to commence work in the next 12 months?



21. What residual impairment do you think the person will have in 2 years time?

Impairment	Impact on the person's ability to work

Comments

Q23 note: Please respond to the specific issues raised by the case manager in the referral form (HDS005W).

22. Would you like Work and Income to contact you about this person's diagnosis or ability to work?

No Yes

23. Please provide any comments that would assist the case manager determine appropriate support for the person.

[Empty text box for comments]

Designated doctor details

Please print or stamp your full name, address, telephone number and HPI number. This information is required under the Social Security Act 1964.

HPI number [][][][][][]

Full name DR D. ST,
 Practice address PO BOX A
 PH: 09
 MC REG. AGG No.:

Date referral received [][][] Day Month Year

Consultation date 17/0/10 Day Mon Year

GP contacted No Yes Report requested No Yes

Medical practitioner's signature

[Signature]

Date 30/6/10 Day Mon Year