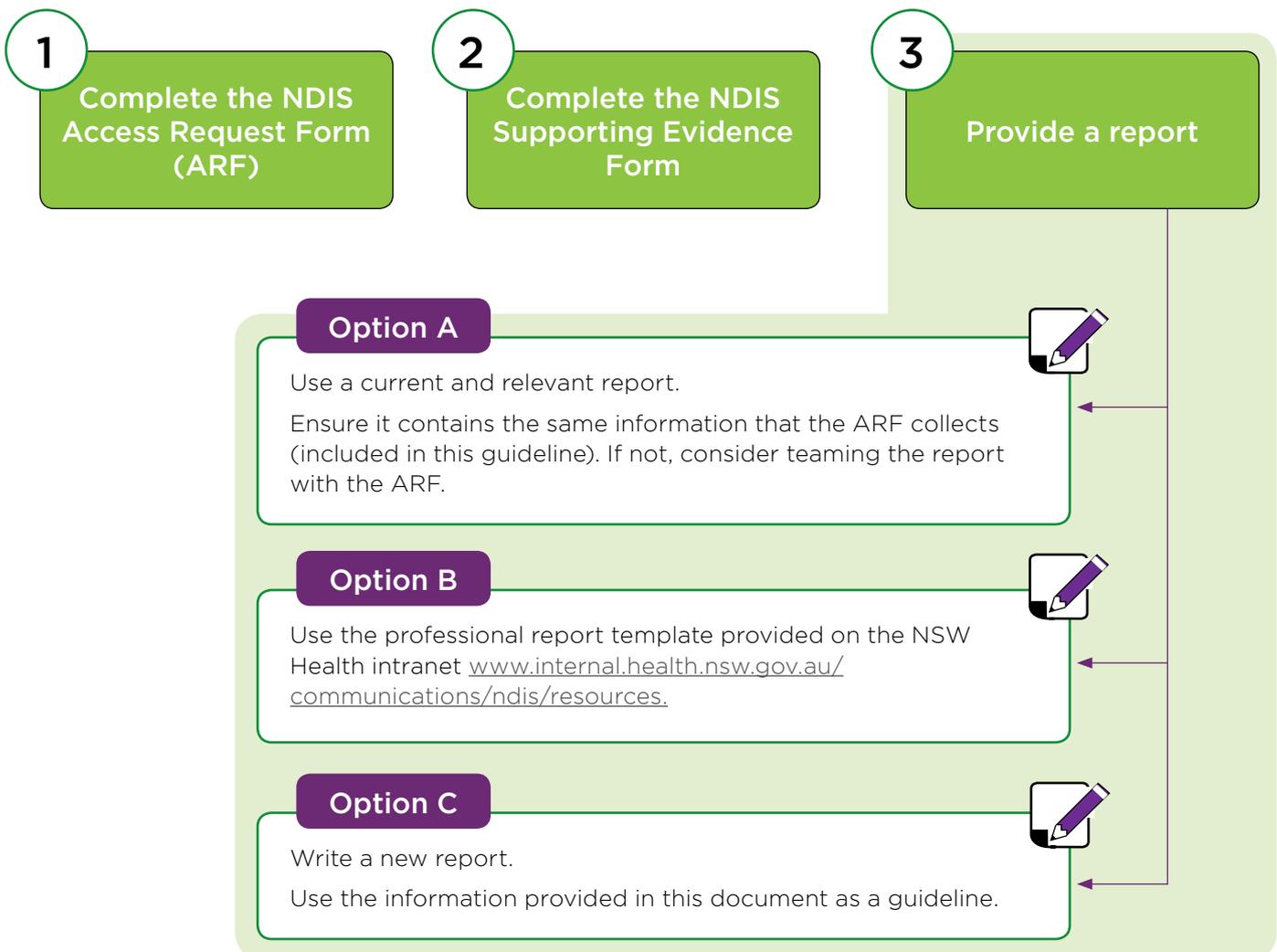


# PROFESSIONAL REPORT GUIDANCE

As a health professional supporting an application for a client who may be eligible for the National Disability Insurance Scheme (NDIS), you should provide information on the impact of the impairment on the person's functional capacity. Information should include 1) a **professional report**; 2) the client's **recent assessments**; and 3) **consent information**.

## STEP 1

**Professional report:** When writing a professional report to support a client's application for the NDIS, there are three options available:



**NOTE:** The recommendations you provide will be **indicative** for a client's eligibility for the NDIS. The NDIS officer will make an independent decision based on all of the relevant information to determine what is "reasonable and necessary" support.

See [page 3](#) for guidance on information needed in the report.

## STEP 2

**Recent assessments:** In addition to the professional report, recent assessments may be provided to the NDIS applicant to be submitted with their application when available. The ARF lists the assessments that can be included (**see Table 1**).

**Table 1: List of assessments included in the ARF**

- ✓ Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II)
- ✓ Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Autism Spectrum Disorder
- ✓ Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Autism Spectrum Disorder
- ✓ Childhood Autism Rating Scale (CARS)
- ✓ Adaptive Behaviour Assessment System (ABAS)
- ✓ Autism Diagnostic Observation Schedule (ADOS)
- ✓ Gross Motor Functional Classification Scale (GMFCS)
- ✓ Communication Function Classification Score (CFCS)
- ✓ Manual Ability Classification System (MACS)
- ✓ Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Intellectual Disability
- ✓ Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Intellectual Disability
- ✓ Clinical Evaluation of Language Fundamentals, 4th Ed
- ✓ Wechsler Preschool and Primary Scale of Intelligence, 3rd Ed (WPPSI-III)
- ✓ Wechsler Intelligence Scale for Children (WISC-IV)
- ✓ IQ test
- ✓ Hearing Loss (measured in decibels in better ear)
- ✓ Disease Steps
- ✓ Expanded Disability Status Scale
- ✓ Level of lesion
- ✓ ASIA Score
- ✓ Modified Rankin Scale
- ✓ Visual acuity level
- ✓ Visual field loss (horizontal and vertical)
- ✓ World Health Organisation Disability Assessment Schedule (WHODAS 2.0)
- ✓ Other

If **other assessments** have been completed and are not included on this list, use your clinical judgement to determine their usefulness in highlighting the client's functional difficulties. Use the most recent assessment and only include if clinically relevant in outlining a client's current functional status.

## STEP 3

### **Consent information**

The consent section of the ARF allows the National Disability Insurance Agency (NDIA) to contact service providers and health and medical practitioners to request the provision of personal and health information. This information will help determine whether the client meets NDIS access requirements. Health services can release information as far as the terms of the consent and the purpose and scope of the request align.

## Information needed in the professional report

Whether you choose to complete the ARF, the NDIS Supporting Evidence Form or provide another report, you will be required to comment on the following areas:

### 1 Primary and secondary disability

- **DISABILITY DIAGNOSIS** – In this section you will be required to comment on the client's disability diagnosis. In order to be eligible for the NDIS, evidence is required that the disability is likely to be permanent and that the client is likely to require support throughout their lifetime.
- **CHRONIC HEALTH CONDITIONS** – Note that while chronic health conditions may impact a person's functional capacity, they are not considered relevant to an NDIS application. It is important to articulate functional limitations as they relate to a person's disability.

### 2 Current treatments

- **SUPPORTS AND THERAPIES** – Include all the patient's known disability supports and therapies. This may also include any ongoing health interventions.

### 3 Other treatments likely to remedy the impairment

- **MAINTAINING FUNCTIONAL CAPACITY** – Any other therapy directly related to maintaining or managing a person's functional capacity. This includes therapy and supports directly related to the impact of a person's impairment on their functional capacity required to achieve incremental gains or to prevent functional decline.

**TIP:** Outline relevant medical intervention that has occurred to date and indicate if you think the client's function has reached a baseline and is either likely or not likely to improve. Include disability supports that might assist the client in the future in order to maintain their current functional status in the community.

### 4 Patient's functional impairment

In this section the NDIA are evaluating the impact that disability has on the patient's:

**A** Mobility

**B** Learning

**C** Social interaction

**D** Communication

**E** Self-care

**F** Self-management

**TIP:**

- **ASSISTANCE** – Define how the client needs assistance (special equipment/ assistive technology/ assistance from another person). It is important to discuss functional impacts and the goals for helping the client to gain greater independence in the community (including what the client needs to be able to use any recommended/required equipment functionally).
- **FUNCTIONAL LOSS** – Consider describing the client's functional loss followed by the disability support that might be required to achieve their goal related to that functional loss.

## A Mobility

- Moving around the home (crawling/walking), getting in or out of bed or a chair, leaving the home and moving about in the community.
- Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

### Examples

- Client can walk short distances in the home, but requires assistance outside the home (frequent rest periods, use of power wheelchair, assisted use of manual wheelchair).
- Client needs a wheelchair for all aspects of mobility (inside and outside the home).
- Client requires assistance from two people to transfer between equipment.
- Client requires assistance with all transfers through use of a hoist (with two trained adults to assist with transfer).
- Client requires use of a walker to assist them to get around inside and outside the home.

## B Learning

- Understanding and remembering information, learning new things, practising and using new skills.

### Examples

- Client experiences difficulties learning and retaining new things. Client requires assistance in the form of prompting and training from a person to practise new skills.
- Client is not able to live independently due to difficulty learning new tasks and retaining new skills. Client requires assistance from a professional to develop and adapt routines.

## C Social interaction

- Making and keeping friends, interacting with the community (or playing with other children), coping with feelings and emotions.

### Examples

- Client experiences difficulty making and keeping friends, often plays alone. Client requires assistance to initiate play with other children.
- Client can become easily overwhelmed in social situations and behaviours change significantly. Client requires assistance to remain calm in busy environments.
- Client often behaves against social norms in public. Client requires prompting from a familiar person on social etiquette.
- Client does not feel comfortable in social situations and avoids social interaction. Client would benefit from participating in small group recreational activities to develop social skills.
- Client spends the majority of his / her time at home and is at risk of becoming isolated. Client would benefit from joining a support group or a leisure group to increase social interaction.
- Client experiences social phobias which prevent him / her from travelling alone using public transport, client does not drive. This leads to social isolation. Client would benefit travel training and gradual exposure to travelling alone to enhance independence.
- Client prefers not to engage in community activities due to psychosocial impacts of the mental health condition. Client would benefit from joining a community social support group to increase his / her support networks.
- Client is not able to establish and maintain meaningful relationships with others without great difficulty. This causes the client to withdraw from social activities and leads to isolation. Client would benefit from participating in social activities and recreational activities to practice developing relationships.

## D Communication

- Being able to express themselves and be understood in spoken, written or alternative modes (eg. sign language, use of technology) and understanding others through appropriate modes of communication.

### Examples

- Client is learning to communicate through gestures or use of technology or through spoken language and will require ongoing therapy to achieve functional use of language which will support their participation in the community.
- Client is able to use single words only.
- Client can express simple single word choice through use of yes / no gestures only.
- Client requires significant support / assistance to express needs and wants.
- Client is only able to use symbols to express basic needs and wants.
- Client has a voice disorder affecting his ability to be heard over the phone or in a social situation.
- Client needs **[insert types of support]** to support maintenance of functional voice.
- Client is not able to use voice commands to communicate.
- Client is not able to articulate needs and wants without assistance from a carer / interpreter
- Client is not able to use voice commands or writing to communicate. Client would benefit assistive technology for reading, writing and speaking and the training required to use this technology.

## E Self-care

- Showering / bathing, dressing, eating, toileting, caring for own health (not applicable for children under two years of age).
- Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

### Examples

- Client not able to independently transfer. Client requires two people to use hoist to transfer from wheelchair to shower chair.
- Client requires prompting from a person to toilet.
- Client requires assistance from one person to shower.
- Client requires bed bath.
- Client requires assistance to prepare meals.
- Client requires special equipment/ formula in order to maintain adequate dietary intake, allowing them to attend school and assisting in focus in the school environment (i.e. home enteral nutrition, modified cutlery etc.)

## F Self-management

- Doing daily jobs, making decisions and handling problems and money.

### Examples

- Client experiences difficulty concentrating and making decisions on a daily basis. Client requires supported decision making.
- Client requires prompting and supervision when making purchases.
- Client requires assistance from a professional to develop and adapt routines.
- Client requires prompting and monitoring to manage activities related to rent agreements such as paying bills on time and replying to mail correspondence in order to maintain tenancy.

### General things to consider

- If you have questions or issues when completing the report, please contact your NDIS Transition Lead.
- Make sure copies are provided to the patient/carer so that they can be included with the ARF.
- Remember that reports will be essential in case the patient needs a review of their plan.