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.

Please read this before you start

1. 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

2. 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)

   - 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)

   (continued overleaf...
## Verification of doctor or specialist visits

4. 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

### Items / services / treatments / pharmaceuticals

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

<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

How often (eg daily, weekly, monthly)?

Registered Medical Practitioner’s initials

### Other disorders

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

<table>
<thead>
<tr>
<th>Item / service / treatment / pharmaceutical</th>
<th>Registered Medical Practitioner’s initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Registered Medical Practitioner’s verification

Please print your details below.

- HPI number
- Medical Practitioner’s full name
- Practice name and address
- Telephone number (  )
- Medical Practitioner’s signature

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.