

Section 2: Completed by the Treating Professional

Part A: Treating Professional's Information

The National Disability Insurance Agency (NDIA) collects your personal information, such as name, contact details, and qualifications to process the applicant's NDIS application. We may need to communicate with you about the applicant's request while we are determining their eligibility for the NDIS.

To find out more about our Privacy Policy, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select '**About**', scroll and select '**Policies**', then '**Freedom of Information**', then '**Privacy**' from the menu on the right.

For more information about completing this form, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select '**Applying**', scroll down and select '**Information for GPs and health professionals**'.

Applicant's Treating Professional

1. First name:

2. Surname:

3. Professional qualification(s):

4. Provider registration number: 

5. Length of time you've treated the applicant:

6. Business address:

Business name:

Number and Street:

Suburb:

State:

Postcode: _____

7. Phone:

8. Email:

Part B: Evidence of Disability

In **Part B**, you will need to provide information about the applicant’s disability. This information should provide evidence of:

- their primary disability and any other disabilities they may have
- if their disability is permanent.

Applicant’s disability

1. What is the applicant’s main disability?

stroke resulting in permanent right arm weakness and peripheral vision loss.

The main disability is the one that has the most impact on the applicant’s life.

2. Does the applicant have any other disabilities?

- No
- Yes – provide details below

Disability 2:

Disability 3:

3. How long has the applicant’s functional capacity been affected by their disability?

4. Is the impairment time limited and/or degenerative in nature?

- No
- Yes – time limited
- Yes – degenerative

5. Is the impairment currently being treated?

- No
- Yes – provide details about current treatments/interventions being implemented below

If more space is required, please attach a separate document with details or use the space in **Part F**.

a) Description of current treatments:

b) Duration/frequency of current treatments:

c) Expected results of current treatments:

6. Provide details about previous treatments/interventions:

a) Description of previous treatments:

If more space is required, please attach a separate document with details or use the space in **Part F**.

b) Duration/frequency of previous treatments:

c) Results of previous treatments:

7. Are there any available, evidence-based treatments/interventions that are likely to substantially relieve the applicant's impairment?

No

Yes – provide details below

a) Description of available treatments:

Note: If any commonly known treatments are yet to be pursued, please attach a separate document with your clinical rationale.

b) Duration/frequency of available treatments:

If more space is required, please attach a separate document with details or use the space in **Part F**.

c) Expected results of available treatments:

Part C: Early Intervention

An applicant may be eligible for the NDIS if they meet the early intervention requirements. Early intervention is intended to reduce the long term impacts of a person’s disability, reduce their future support needs and sustain their informal supports.

For more information about Early Intervention requirements, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select ‘About’, scroll down and select ‘Operational Guidelines’, and select ‘Access to the NDIS – Early intervention requirements’.

For children under 7, we encourage parents/guardians to contact their local Early Childhood Partner before completing this section.

Applicant’s Early Intervention support needs

1. Are Early Intervention supports likely to reduce the applicant’s future support needs?

- No – **Go to Part D**
- Yes – **Go to Question 2**

2. The provision of early supports will:

- Alleviate the impact on functional capacity
- Prevent deterioration of functional capacity
- Improve functional capacity
- Strengthen existing supports

3. Provide details of your recommendations for early intervention support:

If more space is required, please attach a separate document with details or use **Part F**.

a) Description of recommended interventions:

b) Duration/frequency of recommended interventions:

c) Expected results of recommended intervention:

Part D: Existing Assessments

Have any of the following assessments been completed with the applicant?

Yes – Provide details below

No – **Go to Part E**

Providing copies of existing assessments helps the applicant to get a quick and accurate eligibility decision and reduces delays for the person when they have to provide more information.

| Assessment Type | Date: | Result: | Attached? |
|--|-------|---------|------------------------------|
| Care and Needs Scale (CANS) | | | <input type="checkbox"/> Yes |
| Gross Motor Functional Classification Scale (GMFCS) | | | <input type="checkbox"/> Yes |
| Hearing Acuity Score | | | <input type="checkbox"/> Yes |
| Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) | | | <input type="checkbox"/> Yes |
| Visual Acuity Score | | | <input type="checkbox"/> Yes |
| Communication Function Classification System (CFCS) | | | <input type="checkbox"/> Yes |
| Vineland Adaptive Behaviour Scale (Vineland-II) | | | <input type="checkbox"/> Yes |
| Modified Rankin Scale (mRS) | | | <input type="checkbox"/> Yes |
| Manual Ability Classification Scale (MACS) | | | <input type="checkbox"/> Yes |
| American Spinal Injury Association Impairment Scale (ASIA/AIS) | | | <input type="checkbox"/> Yes |
| Disease Steps | | | <input type="checkbox"/> Yes |
| Expanded Disability Status Scale (EDSS) | | | <input type="checkbox"/> Yes |
| Health of the Nation Outcome Scales (HoNOS) | | | <input type="checkbox"/> Yes |
| Life Skills Profile 16 (LSP-16) | | | <input type="checkbox"/> Yes |
| Other: | | | <input type="checkbox"/> Yes |

Part E: Evidence of functional capacity

You can provide evidence about how the person’s disability impacts their functional capacity by:

- sending copies of existing assessments from allied health professionals or other specialists, or,
- completing **Part E**.

What are the impacts across key domains?

Part E asks you to describe the ways an applicant’s disability impacts their functional capacity across key domains. This information is required to demonstrate whether they experience substantially reduced functional capacity in one or more life activities.

Describe what the applicant can, and can’t, do

Your response should take into account what the applicant can and cannot do, independently, with regard to the typical capacity of others of a similar age. A person would be considered to be unable to participate effectively in activity if they cannot safely complete one or more of its components; rather than when they complete a task more slowly or in a different way to others.

What are the impacts on the applicant’s day-to-day life most of the time?

Provide an overview of the applicant’s functional capacity across the majority of their day-to-day life, rather than when they need the most or least support.

You can find more information about functional capacity on our website (ndis.gov.au). Select ‘About’, then ‘Operational Guidelines’, scroll down and select ‘Access to the NDIS’, then ‘8.3 Substantially reduced functional capacity to undertake relevant activities’.

Note: Provide details within each key domain, to describe how the applicant’s disability **substantially impacts** their ability to effectively complete or participate in specific life activities.

1. How does the applicant’s disability substantially impact their functional capacity?

| Key Domains | Affected life activities |
|--|--------------------------|
| <input type="checkbox"/> Mobility | |

(or moving around) involves using limbs for physical activities such as standing, walking, freely getting in and out of bed, and leaving the home.

If indicated, also complete **Question 2.1**

Communication

involves expressing wants and needs through spoken, written and/or non-verbal methods, and understanding others.

If indicated, also complete **Question 2.2**

Socialising

involves making and keeping friends, interacting with the community, and behaving within reasonable limits.

If indicated, also complete **Question 2.3**

Learning

involves understanding and remembering information, and using new skills.

If indicated, also complete **Question 2.4**

Self Care

involves meeting personal needs, such as hygiene, grooming, feeding and health. (not required for Applicants aged 0–2 years).

If indicated, also complete **Question 2.5**

Self-Management

involves organising life, such as making decisions, problem-solving, and managing finances. (not required for Applicants aged 0–8 years).

If indicated, also complete **Question 2.6**

2. What type and frequency of assistance does the applicant need?

2.1 Mobility

What type(s) of mobility assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.2 Communication

What type/s of communication assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.3 Social Interaction

What type/s of social interaction assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.4 Learning

What type/s of learning assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.5 Self-Care (not applicable for applicants aged 0–2 years)

What type/s of self-care assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

2.6 Self-Management (not applicable for applicants aged 0–8 years)

What type/s of self-management assistance does the applicant need to participate in the life activities listed above?

Home and/or environment modifications

Specify type and frequency of assistance required:

Assistive equipment and technology

Specify type and frequency of assistance required:

Assistance from other persons

Specify type and frequency of assistance required:

Part F: Additional Notes

Do you want to provide any further information?

Area for providing additional information, consisting of multiple horizontal lines for text entry.

Part G: Treating Professional's Signature and Declaration

You must complete **Part G. Section 2 cannot be processed** without the Treating Professional's endorsement (i.e. signature and date) below.

By signing this document:

- I certify that the information I have provided is true and correct, and that I have supplied all of the available information and documents needed for the applicant's application.
- I understand that giving false or misleading information is a serious offence.
- I consent to being contacted at a later date by an NDIA representative if required.

1. Treating Professional's signature:

2. Treating Professional's full name:

3. Date:

(DD/MM/YYYY)
