Dear Doctor

I am collecting evidence relevant to whether I am eligible for the disability support pension. Your report may be given to Centrelink or to the Administrative Appeals Tribunal.

I need information about my medical conditions and their functional impact at around the date I claimed the disability support pension, which is **[insert date of DSP claim]**. Your answers to the questions below should state specifically that they are about my conditions and their impact at the relevant time.

If there is more than one condition, please answer the questions separately for each condition.

Please answer the following:

* Describe the diagnosis and date of onset of the condition.
* Describe the symptoms of the condition (including their frequency and severity) and their functional impact, focusing on day-to-day activities and work capacity.
* The functional impact of the condition is assessed by reference to the Impairment Tables (copies of relevant tables are attached). Please indicate your opinion about the appropriate impairment rating. Please explain your opinion about the appropriate impairment rating by reference to the criteria in the applicable table.
* Is the condition expected to persist for more than two years from the date of the disability support pension claim?
* Is the functional impairment resulting from the condition expected to persist for more than two years from the date of the disability support pension claim?
* Describe the treatment history of the condition, including dates and period of treatment.
* Is there any planned treatment for my condition? If so, do you expect the planned treatment to result in change in the functional impact of the condition and to what extent?

I am experiencing severe financial hardship and would ask that any fees be waived in relation to this letter.

Thank you for your assistance.

Yours sincerely