

DATE

Title
Company
GPO box 700
CANBERRA NT 2601

Dear NDIA

Re: <patient name>
<patient address>
<SUBURB> <POSTCODE> <NT>
DOB:

Application Number: <NDIS#>

I am writing this letter to support the application for <patient> to receive a plan and support through the NDIS.

As <patient's> General Practitioner I have been working with <patient> for the past <months/years>. This usually consists of <appointment length> <number of times> per <week, month, year>. <Patient> is diagnosed with <diagnosis>. In my professional opinion the condition is likely to be permanent and won't be alleviated with treatment.

It is evident to me and <his/her> treatment team that <patients> mental health conditions, medication, treatment and <trauma> significantly impacts on <his/her> ability to function at home, in the community, and <his/her> ability to participate in daily activities. Please see in the following points more specific information describing functional impact and implications.

<Choose 1 or more of the below most significant categories>

- **<Mobility>**
Example: <Name is very reliant on his mother to get around and is unable to use public transport due to his high levels of anxiety. Walks very slowly due to side-effects of decades of psychotropic medication in high dosage – olanzapine etc.>
- **<Communication>**
Example: thought disordered conversation, tangentiality, unable to focus on topic, use of neologisms and perceptual abnormalities make it difficult for him to express himself and to be well understood.
- **<Social Interaction>**
Example: craves socialisation but is isolated and friendless due to delusional thoughts and tangential conversation, unable to use public transport and reliance on others to transport him.
- **<Learning>**
Example: he has fair long-term memory (of events prior to the lithium overdose), but short-term memory and ability to focus attention are impaired by acquired brain injury.
- **<Self-management>**
Example: Current under public guardianship. Is dependent on her siblings for issues relating to decision making and handling problems and money, due to his perceptual abnormalities (impaired insight about the impact of her diagnosis

- **<Self-care>**

Example: As a side effect from long term medication and periods of inactivity, Name has gained significant weight. Name needs support to improve his awareness of nutrition and engagement in physical exercise.

In my professional opinion, the conditions are permanent and stable and cannot be alleviated with treatment. (Patient) requires significant support to live a normal life. If you have any questions related to any of the information stated above or you would like to discuss things further, please do not hesitate to contact me.

Kind regards,

<GP NAME>

<GP CONTACT DETAILS>

<Date & signature>