

**CONFIDENTIAL**

**Disability Service**

**DISABILITY/HEALTH CONDITION SUPPORTING DOCUMENTATION FORM**

A student seeking support for a health condition or disability must be able to provide appropriate documentation. This documentation, in addition to a consultation with a Disability Advisor, assists us in understanding the impact of the student’s health/mental health condition or disability on academic performance, and in determining what facilities, services and educational adjustments may be appropriate. It will be stored confidentially within the unit, and not released except where required by law.

***Please note:* Diagnosis of a learning disability must be provided by a psychological educational/psychometric assessment conducted by an appropriate professional.**

|  |
| --- |
| **THIS SECTION TO BE COMPLETED BY THE STUDENT** **Student Authority for Provision of Information**I, (*print your full name*) …..………………………………………………………………………………… Student ID: ……………………….give permission for the Health Practitioner to provide the information below and any attachments. Student Signature: …………………………………………………….…………………………………….. Date: ………………………………… |

|  |
| --- |
| **REMAINDER OF THIS FORM TO BE COMPLETED BY PRACTITIONER ONLY****Medical or Health Professional’s Details (see final page for appropriate professional)** |
| **Student name:** |
| **Duration of practitioner’s (or practice’s) clinical history with student: ………… years …………months** |
| **Practitioner Name:** |
| **Qualifications/Title:** |
| **AHPRA Provider Number:** | **Phone Number:** |
| **Address/Practitioners Stamp:** | **Practitioner’s Signature:****Date: / /** |

|  |
| --- |
| **Professional Documentation – to be completed by the treating practitioner in discussion with the patient/student.**  |
| **Clinical / Provisional Diagnosis** (based on relevant diagnostic criteria)**: ……………………………………………………………….****Condition onset: …………………………………………….****How long has the student been under your care for this condition: ………………………………………………………………**[ ] **Ongoing, continuous** [ ] **Ongoing, episodic** [ ]  **Temporary until** ……………………………[ ] **Mild** [ ] **Moderate** [ ] **Severe**  |
| **Clinical / Provisional Diagnosis** (based on relevant diagnostic criteria)**:** .………………….……………………………………………**Condition onset: …………………………………………….How long has the student been under your care for this condition: ………………………………………………………………**[ ] **Ongoing, continuous** [ ] **Ongoing, episodic** [ ]  **Temporary until** ……………………………[ ] **Mild** [ ] **Moderate** [ ] **Severe**  |
| **Symptoms of condition(s):**  |
| **Treatment** (including any therapy, medication, and side-effects): |
| **Educational impacts and reasonable adjustments:**What are the possible impacts for the student in the learning environment? |
| **Educational impact of condition(s)** (ie. concentration, fatigue, memory): |
| **Reasonable adjustments:** Please tick the reasonable adjustments for consideration.Assessment Extensions [ ] Exam Adjustments [ ] Attendance / Scheduling [ ] Clinical Practice/Professional Experience Placements [ ] Alternative Formats [ ] Assistive Technology/Equipment /Furniture [ ] Physical Access [ ] Learning environment requirements [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please see the next page for a list of approved medical/health professionals based on diagnosis*

|  |
| --- |
| **Documentation requirements based on diagnosis:** |

|  |  |
| --- | --- |
| Condition  | Approved diagnosing medical/health professional  |
| Medical (e.g. chronic fatigue syndrome, autoimmune disorders, diabetes) | * GP (with a clinical history with the patient)
* Relevant specialist
 |
| Physical Impairment (e.g. spinal cord injury, amputation, paraplegia) | * Relevant specialist
* GP (with a clinical history with the patient)
 |
| Hearing | * Registered Audiologist
 |
| Neurological (e.g. multiple sclerosis, Spina bifida, cerebral palsy, acquired brain injury) | * Relevant specialist
* GP (with a clinical history with the patient)
 |
| Mental health condition (e.g. depression, anxiety, bipolar disorder, post-traumatic stress disorder) | * Psychiatrist
* Registered Psychologist
* GP (with a clinical history with the patient)
 |
| Vision | * Ophthalmologist
* Specialist vision testing service (e.g. Vision Australia)
 |
| Temporary condition or injury (e.g. fractured limbs affecting mobility or capacity to write/type) | * Relevant specialist
* GP (with a clinical history with the patient)
 |
| Learning disorders (e.g. dyslexia, information processing, dyscalculia, dysgraphia)  | * Relevant specialist (see documentation guidelines for additional documentation requirements)
 |
| Autism spectrum disorder | * Psychiatrist
* Registered Psychologist
 |
| Attention deficit (hyperactivity) disorder (ADHD/ADD) | * Psychiatrist
* Registered Psychologist
 |