

### When to use this checklist



Use this checklist to help make sure you have the right medical evidence to support your claim for Disability Support Pension.

### Why we need medical evidence

You need to provide current medical evidence when you claim Disability Support Pension. This helps us assess how your disability or medical conditions affect your ability to work.

We do not get the medical evidence for you, but we may contact your treating health professionals to find out more about your conditions.

If you do not provide medical evidence with your claim, we may reject your claim.

Tell us if you cannot provide evidence with your claim or if you are having problems getting medical evidence.

### What is medical evidence?

Medical evidence includes documents written by a registered medical practitioner, such as your doctor, and other registered health or allied health professionals.

Evidence should be as recent as possible and include the full name and details of the treating health professional providing the evidence.

Your medical evidence should show:

- your diagnosed disability or medical conditions
- past, current and planned treatment
- how your condition impacts you day to day.

Medical evidence does **not** include:

- statements about your condition written by you or your nominee
- information provided by a person who is not a registered health professional, such as a teacher.

### Examples of medical evidence

Documents you can provide as medical evidence include:

- medical history records
- specialist and general practitioner medical reports or letters
- psychologist reports, including IQ testing and clinical diagnostic reports
- medical imaging reports but not electronic or hard copy images
- physical examination reports
- hospital or outpatient records, including details of operations
- compensation and rehabilitation reports
- special school reports that include IQ test results or difficulties with testing
- functional assessment reports
- other evidence, such as physiotherapy or audiology reports.

### For more information

Go to [servicesaustralia.gov.au/dsp](https://servicesaustralia.gov.au/dsp)

Call us on **132 717**.



#### Information in your language

To speak to us in your language, call **131 202**.

Call charges may apply.



#### Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) and search 'other support and advice'.

# Disability Support Pension Medical evidence checklist (SA473)

## Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- in person at one of our service centres.

1 Your Customer Reference Number (if known)

2 Your name Family name   
First given name   
Second given name

3 Your date of birth (DD MM YYYY)

4 What information does your medical evidence include? We need this information to assess how your disability or medical conditions affect you.

**Tick all that apply**

|                                                                                                                                                                                                                                                                                                                                                |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| The <b>diagnosis</b> of the conditions which affect your ability to work including: <ul style="list-style-type: none"> <li>• the name of the condition</li> <li>• when each condition was diagnosed</li> <li>• who made the diagnosis.</li> </ul>                                                                                              | <input type="checkbox"/> |
| The <b>treatment</b> and care for your conditions including: <ul style="list-style-type: none"> <li>• any past or current treatment</li> <li>• any planned or future treatment including if you are on a waiting list.</li> </ul>                                                                                                              | <input type="checkbox"/> |
| The <b>symptoms</b> of your conditions including: <ul style="list-style-type: none"> <li>• when they started</li> <li>• their severity, frequency and duration</li> <li>• how they currently affect you (with treatment or when using aids, equipment or assistive technology).</li> </ul>                                                     | <input type="checkbox"/> |
| The <b>prognosis</b> of your conditions including: <ul style="list-style-type: none"> <li>• how long the conditions are likely to affect you</li> <li>• whether your conditions are likely to improve, remain the same, or become worse</li> <li>• whether your conditions are likely to significantly affect your life expectancy.</li> </ul> | <input type="checkbox"/> |
| The <b>details</b> of your treating health professional(s) including: <ul style="list-style-type: none"> <li>• their names</li> <li>• their contact details.</li> </ul>                                                                                                                                                                        | <input type="checkbox"/> |



You need to provide medical evidence with your claim.

If you do not provide medical evidence with your claim, we may reject your claim.



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## 5 What **specific** medical evidence are you providing to support your condition or circumstance?

Certain conditions or circumstances may require specific medical evidence or medical evidence from particular registered health professionals. This information will be needed **as well as** the general medical evidence listed in question 4.

If any of these apply to you, tick the box and provide the specific medical evidence described.

| Condition or circumstance                                                                              | Tick all that apply and provide the medical evidence described                                                                                                                                                                                                                                                                                                                                                                                   |                          |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| You are terminally ill with an average life expectancy of less than 2 years                            | Details from your treating doctor that show the: <ul style="list-style-type: none"> <li>• extent or stage of your condition</li> <li>• prognosis of your condition.</li> </ul>                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |
| You are permanently blind                                                                              | Either: <ul style="list-style-type: none"> <li>• a completed <b>Request for Ophthalmologist or Optometrist Report (SA013)</b> form, or</li> <li>• a report containing information equivalent to the SA013.</li> </ul>                                                                                                                                                                                                                            | <input type="checkbox"/> |
| You have an eye condition affecting your vision, but are not permanently blind                         | Evidence showing an ophthalmologist or ophthalmic surgeon confirms the diagnosis of your condition.                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |
| You have an intellectual disability with an IQ of less than 70                                         | Either: <ul style="list-style-type: none"> <li>• a psychologist assessment of your intellectual function and adaptive behaviour, or</li> <li>• a special school report with the same psychologist assessments included.</li> </ul> The evidence must include information supported by a psychologist about your IQ score or your ability to undergo IQ testing.                                                                                  | <input type="checkbox"/> |
| You have low intellectual function with an IQ between 70 and 85 which began before you turned 18 years | A psychologist assessment of your intellectual function and adaptive behaviour, for example, using: <ul style="list-style-type: none"> <li>• WAIS, WISC (if you are now 18 or younger and the assessment was completed after you turned 12 years but before you turned 16 years), Stanford Binet or equivalent assessments of intellectual function</li> <li>• ABAS, SIB-R, Vineland or equivalent assessments of adaptive behaviour.</li> </ul> | <input type="checkbox"/> |
| You need nursing home level care (at home or in a facility)                                            | Details from your treating doctor that show: <ul style="list-style-type: none"> <li>• why you need this level of care</li> <li>• your ability to perform daily living activities</li> <li>• how long you need this level of care.</li> </ul>                                                                                                                                                                                                     | <input type="checkbox"/> |
| You have Category 4 HIV/AIDS                                                                           | Details from your treating doctor that show the stage of your condition.                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| You have a mental health condition (such as depression or anxiety)                                     | Evidence showing either: <ul style="list-style-type: none"> <li>• a psychiatrist diagnosed your condition, or</li> <li>• a registered psychologist supports your treating doctor's diagnosis.</li> </ul>                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| You have a condition affecting your hearing or other functions of the ear (such as balance)            | Evidence showing an audiologist or an ear, nose and throat specialist supports your treating doctor's diagnosis.                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |

6 Are you having problems getting medical evidence? No ☐ *Go to next question*

Yes ☐ To help us understand your situation, tell us what problems you are having.

## 7 Privacy notice You need to read this

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## 8 Declaration

### I declare that:

- the information I have provided in this form is complete and correct.

### I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY)

(you **must** date this declaration)

Your signature (**only** required if returning by post or in person)