



Functional impact report example

- Supporting evidence for NDIS Access Request Form

Below is a sample of a report written by Brightwater staff for the purposes of providing an individual with supporting evidence documentation to the NDIS. This has been included to provide an example of the language and format of a document that has been accepted by the NDIS and had a successful outcome. This document is not intended to be duplicated and resubmitted, but rather to act as a guide and example for professionals who are new to providing evidence for the NDIS

Date:

Full name of professional:

Professional qualification: Doctor

Mobile Phone:

Email:

Resident name:

Primary disability: Acquired Brain Injury Nov 2014 – Sub-dural haematoma secondary to fall

Secondary Disability: Hx of ETOH – ethyl alcohol – excessive use, Hx of opioid dependence, depression and anxiety, gait/mobility abnormalities, left sided hemiplegia, cognitive impairment botox for spasticity in arm.

1. Mobility /motor skills

(name) has weakness and poor motor control of her left side from her acquired brain injury. (name) requires a quad stick and wears an ankle-foot orthoses and special shoe to aid a maximum walking capacity of approx. 20-30m. (name) has poor dynamic standing balance, poor stability, and low tolerance with weight bearing. Because of this (name) is a high falls risk, thus requiring 1 x assistance for all transfers and 1 x assistance for short distance ambulation. For longer distances (name) requires supervision when in an electric wheelchair and requires 1 x assistance in a manual wheelchair. (name) non-functional left upper limb and hand contributes to her lack of mobility and motor skills. (name) requires frequent verbal prompting and assistance for posture and positioning when seated, with direction to lift her head due to her reduced extensor tone on her trunk.

When sleeping (name) is a high risk for a pressure related injury and has a Specific Management Plan in place for positioning to reduce the risk of developing a pressure injury. (name) also has a Specific Management Plan in place for her altered sleep pattern. Equipment such as sensor mats, extra pillows for supporting her arm and a toilet commode are required at night to meet (name) needs.

Impact: (name) reduced mobility and function means she requires care and support constantly from staff to ensure her safety, to prevent falls and to participate in activities. (name) experiences pain which impacts her mobility. (name) lack of insight into the degree of her physical abilities and the degree of her deficit, both physical and cognitively makes her non compliant with seeking care and support and puts her at a great risk of falls.

2. Communication

(name) has mild to moderate dysarthria characterised by reduced speech volume making her speech unclear and speaks in short phrases at a slow pace. Although (name) has no receptive dysphasia and can understand complex and lengthy information she has mild to moderate expressive aphasia which makes it difficult for her to find words. (name) has insight into this and uses writing/drawing to aid communication but requires assistance to do this. It is important for people to gain eye contact and (name) attention before speaking to her. (name) has reduced use of facial expression and gesture and will initiate and maintain eye contact depending on her mood. However, (name) rarely initiates or maintains conversation. Factors that compromise (name) communication and social skills are her history of depression, anxiety and cognitive impairment.

Impact: (name) acquired brain injury has significantly impacted her communication ability and her history of anxiety, depression and cognitive impairment have impacted her desire and ability to socialise and engage in conversations. This in turn will make it difficult for (name) to maintain or increase her current level of communication skills.

Functional Impact Report (example only)

3. Social interaction

(name) likes her privacy and her own space and does not enjoy being with a group. Her preference is to engage in solitary activities such as reading and watching movies. (name) main social interaction is with her mum and a couple of friends whom are very special to her. (name) needs encouragement to engage in social interaction, including attending the dining area with other residents and participating in activity groups. (name) does display inappropriate verbal and physical behaviours, and dislikes it when people ask "how are you?" Other behaviours include, refusal of care in the belief that she is able to 'do it herself', repetitive mannerisms, physical agitation - rocking her head continuously, seeking attention excessively, disinterested in eating, anxious, suspicious/accusing of others, emotional dependence, and requesting alcohol off other residents. Residential aged care staff provides (name) with reassurance and attempt to find out what is triggering the behaviours when they occur. A Specific Management Plan: Alcohol Regime is in place for (name) regarding her behaviours around alcohol.

Impact: (name) behaviours put her at risk of social isolation due to her inability to develop and maintain relationships because of her communication skills, physical and verbal behaviours, and her reluctance to engage in group activities.

4. Learning

Due to (name) acquired brain injury and cognitive impairment, (name) is disoriented to time and place. (name) can become anxious and physically agitated at times. (name) is encouraged and supported by staff to attend cognitive and sensory groups that are at the correct level for her and provide her with some stimulation. However, (name) prefers keeping to herself, and often refuses to participate in group activities.

Impact: (name) cognition and capacity to learn and practice new skills is impacted by her mental health issues and lack of desire at times to be involved in activities.

5. Self-care

(name) has mild dysphagia, requiring her meals to be cut up for her to avoid aspiration. As (name) can become very tired during meals and tends to lean forward in her chair, she requires supervision to ensure she is positioned upright and close to the table and to stay awake. (name) is resistive to dysphasia assessment and needs encouragement from staff to make safe diet choices by avoiding high risk foods. (name) utilises a shower chair and requires full 1 x assistance with showering, hair washing, drying, and dressing. The staff refers to a Specific Management Plan for equipment & bilateral oedema for dressing, to ensure (name) wears her splints and stockings. Staff set up (name) grooming articles and standby for assistance if needed. (name) is able to clean her own teeth with prompting, but staff must stay and observe as quite often she will refuse to clean her teeth and may need encouragement. (name) fingernails are cut by care staff as required and she sees a podiatrist as per site schedule. For toileting (name) requires the toilet hand rails to be down and locked into position but requires a toilet commode by her bed at night. (name) is able to position herself during the day for toileting but requires assistance at night. (name) is assisted with toilet completion and requires assistance with clothing adjustment and peri-anal area hygiene upon toileting completion. Staff ensures (name) skin care is maintained during personal care and applies prescribed creams as necessary and informs the EN/RN of any skin deterioration. (name) is incontinent occasionally but refuses to wear supplied continence aids.

Impact: (name) acquired brain injury and hemiplegia has significantly impacted on her ability to care for herself independently, requiring full assistance with personal care needs and requiring assistance with meal to ensure safety due to dysphagia

6. Self-management

(name) has a State Administrative Tribunal order for both Administration and Guardianship.

For the Administration order the Tribunal declared (name) :

- a) Unable, by reason of a mental disability, to make reasonable judgements in respect of matters relating to all of her estate; and
- b) Is in need of an administrator of her estate.

For the Guardianship order the Tribunal declared (name):

- a) Is incapable of looking after her own health and safety;
- b) Is unable to make reasonable judgments in respect of matters relating to her person;
- c) Is in need of oversight, care of control in the interests of her own health and safety; and
- d) Is in need of a guardian.

Impact: (name) does not have capacity to self-manage or make decisions for her own health, safety or in regards to finances.

Signed by:

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