Print on your organisation’s letterhead

Dr [Last Name]  
Organisation/Practice  
Address  
City, State Postcode

**Request for information to support** [insert person’s name]**’s NDIS application**

Dear Dr [Last Name],

I am helping person’s name to apply to the National Disability Insurance Scheme (NDIS). I understand that he/she has been attending your practice and your clinical opinion of their medical history of their mental illness is a key component of his/her application.

**Could you please complete part A of the attached *Evidence of psychosocial disability* form and return it to me?** The form steps you through the information that the NDIS needs from you in order to decide whether person’s name is eligible for an NDIS plan.

I have completed part B of the form, which includes the Life Skills Profile (LSP) 16, a standardised assessment of a person’s functioning over the past 3 months. As a courtesy, I have enclosed a letter explaining how the mental health condition affects person’s name, which I will be submitting as part of his/her application. I have also included a fact sheet on the NDIS, in case you would like further information.

In order to provide person’s name with an NDIS plan, the NDIS will need to be satisfied that he/she:

* has a mental health condition (with or without a specific diagnosis)
* experiences impairments that are likely to be permanent, which stem from the condition
* has a substantially reduced daily capacity (as a result of the condition) to communicate, interact with others, learn, move around, practice self-care, or undertake self-management.

**Could you please also attach any existing reports or information which you believe may support** [person’s name] **NDIS application?**

If, in completing the attached form, you have undertaken a consultation with [person’s name], it may be claimed under a Medicare item. It is at your discretion to select the Medicare number that most appropriately reflects the nature of the consultation.

If you need any further information, please do not hesitate to contact me on [insert phone number].

Yours sincerely,

Name of person requesting the information  
Title