

COPY

Disability Certificate Registered Medical Practitioner to complete



Work and Income  
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER 2901389590

Please read this before you start

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
  - the person requires ongoing support to undertake the normal functions of life, or
  - the person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners - Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Makolm

Surname or family name

Kingi

Disability details

2. Does the person have a disability that meets the Disability Allowance criteria?

- Yes ▶ Please provide details below:  No ▶ Please go to Registered Medical Practitioner Verification

3. What is the nature of the person's disability? Please tick the major disabilities or specify below:

Psychological or psychiatric conditions

- Stress (160)
- Depression (161)
- Bipolar disorder (162)
- Schizophrenia (163)
- Other psychological/psychiatric (165)

Nervous system disorders

- Epilepsy (120)
- Multiple sclerosis (121)
- Parkinson's disease (122)
- Muscular dystrophy (123)
- Other nervous system disorders (124)

Cardio-vascular disorders

- Heart disease (130)
- Stroke (131)
- Other cardio-vascular (132)

Immune system disorders

- HIV / Aids (140)
- Other immune system disorders (141)

Metabolic and endocrine disorders

- Diabetes (150)
- Other metabolic or endocrine disorders (151)

Substance Abuse

- Alcohol (170)
- Drug (171)
- Other substance abuse (172)

Sensory disorders

- Blindness (180)
- Other visual / eye (181)
- Hearing / ear (182)
- Other sensory disorders (183)

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**Accident**

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury (RSI) (196)
- Complications of medical or surgical care (197)
- Other injury (198)

**Other disorders**

- Congenital conditions (103)
- Intellectual disability (104)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

**4. Please indicate the expected duration of the disability:**

- Less than 6 months ▶ There may be no entitlement to Disability Allowance
- 6 to 12 months     1 to 2 years     2 to 3 years     Permanent ▶ Never reassess

**Verification of doctor or specialist visits**

**5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:**

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
GP	\$ receipts		AS
	\$		
	\$		

**Items / services / treatments / pharmaceuticals**

**6. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials
Prescriptions	AS

**Registered Medical Practitioner's verification**

Please print your details below.

HPI number

Medical Practitioner's full name

**DR HANNES SOHNGE**

Practice name and address

65 GEDDIS AVE,  
 MARAENUI, NAPIER  
 PH: 06 843 8010  
 MC REG. 16706 ACC No. Y80844

Telephone number ( )

Medical Practitioner's signature



29 / 16 / 18  
 Day Month Year

This information is required under the Social Security Act 1964.

**Privacy Act:** The person has been advised and understands that this information is required for benefit assessment purposes.