**Disability Impact Statement**

*This template can be used as a guide for you to explain the impact of your disability on your day-to-day life. This is not a compulsory document for your DSP claim, however it can be used to assist you in doctor’s appointments for evidence and for Job Capacity Assessments (JCA) and/or Disability Medical Assessments.*

**Daily Routine**

This is about what a normal day looks like for you, from getting out of bed, washing and dressing yourself, preparing, cooking and eating meals, sleep patterns, etc.

**Daily Activities**

This is about your personal activities in addition to your daily routine. Examples may include getting to and from places, going shopping, using a pen or pencil, reading, watching television, etc.

**Home**

This is about your household tasks. Examples may include cleaning and tidying, doing laundry, washing and ironing, maintaining your garden and/or any other part or your daily household routine or requirements.

**Health and Wellbeing**

This is about how you manage daily health activities. Examples may include going for a walk, making telephone calls, verbal or non-verbal communication, making and attending appointments, how frequently you are able to leave your home and/or any other part of how you manage your daily health activities.

**Social and Community Participation**

This is about taking part in community participation activities. Examples may include attending school, social activities, club and organisation meetings, classes, using a computer and/or computer keyboard and/or any other type of social or community-based activity you do or would like to do.

**Relationships**

This is about maintaining relationships. Examples can be seeing friend or family members, going to friend or family events, meeting new people and/or any other aspect of how you do or would like to maintain relationships.

*(\*Add extra pages to this document if needed.)*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**