

DSM 5TR Diagnosis/ ICD 11 Code _____

4. Permanent or temporary disability? _____

5. It is my professional opinion the patient experiences the following limitations as a result of their disability/impairment/medical condition/s:

6. Further detail about the patient's diagnosis, the history of the condition and the duration of its effects are clearly documented in the attached reports.

7. In my professional opinion I would make the following recommendations:

8. Please provide comment on the prognosis and treatment plan as well

I confirm that the above and the attached documentation are a true and correct reflection of the condition of the patient _____ (state practitioner's name)

_____ (Name)

_____ (Signature)

_____ (Date)

PRACTITIONER'S STAMP

Please note the following:

1. The **document or attached report should be written within the past 2 years.**
2. The document or attached report must be printed on the practitioner's official letterhead