

GP Name  
Clinic  
ETC

Date

ACCESS REQUEST TEAM  
National Disability Insurance Agency  
GPO Box 700  
Canberra, ACT, 2601

To Whom It May Concern,

**Re:**  
**DOB:**

I, Dr .....can confirm that (name) has an enduring mental illness and has a diagnosis of .....

(name) has been receiving appropriate pharmacological treatment however, their condition is permanent. Notwithstanding the potentially episodic nature of their condition, substantial functional gains are not expected due to the severity of their illness. This is further detailed in the medical reports.

There are no further treatments likely to remedy or improve these impairments and they will require ongoing specialist treatment with community support services lifelong.

They will require lifetime support from NDIS.

Yours sincerely

Dr.....