EXAMPLE ALLIED HEALTH

Allied Health · NDIS Registered Provider

Victoria, Australia

ALLIED HEALTH REPORT

Progress Report

An update on progress against NDIS plan goals, therapy delivered, and recommendations for ongoing supports.

PREPARED FOR Mr. X · NDIS Progress Report

Sample report. All participant details have been changed and are fictitious. Prepared for NDIS purposes.

NAME: Mr. X

DOB: [DOB]

NDIS number: 000 000 000

Date of report:	[Date]
Reporting period:	[Plan Start Date] – [Plan End Date]
Address:	XYZ Street, VIC
Referrer:	[Support Coordinator] – [Service Provider]
Plan management type:	[Plan Management Type]
Date of last review:	[Previous Plan Review Date]

REASON FOR REPORT

Mr. X’s NDIS plan review is approaching. This Progress Report has been prepared to provide an update on progress made against Mr. X’s NDIS plan goals during the past plan period, summarise therapy interventions delivered, and provide recommendations regarding ongoing supports required to continue his capacity building and address his disability-related support needs.

DISCLAIMER

This report reflects our clinical opinion based on the information provided at the time of the assessment and is written to the author's best knowledge. The author reserves the right to review this report and its findings if additional clinical information is provided.

The author acknowledges that the following document contains deficit-based and non-neurodiversity affirming language and themes. We regret that this may cause or contribute to distress or feelings of shame. The current disability system continues to allocate funding using a deficit-based model. This document has been produced to ensure our client can receive every support they may be eligible for based on disability criteria.

BACKGROUND

Mr. X is a 58-year-old male who resides alone at his property in [Suburb], VIC. He has been engaged with the writer for therapy services since [Service Start Date]. Mr. X presents with the following diagnoses:

- Psychosocial Disability
- Post-Traumatic Stress Disorder (PTSD)
- Depression
- Anxiety
- Type 2 Diabetes Mellitus
- Bilateral Shoulder Pathology – Rotator Cuff Tendinosis and Bursal Surface Tearing

Mr. X's NDIS plan was approved on [Plan Start Date] with funding allocated for support coordination, therapy supports, support worker assistance, transport, and short-term accommodation. A comprehensive Functional Capacity Assessment (FCA) was completed at the commencement of services, identifying significant support needs across daily living, community participation, and psychosocial functioning.

ASSESSMENT METHODS

The following methods were used to complete this Progress Report:

- Informal interview with Mr. X on [Date]
- Informal observation in Mr. X's home and community environment
- Review of therapy session notes and intervention records over the reporting period
- Consultation with Mr. X's support coordinator and support workers
- Review of Mr. X's NDIS plan goals
- Re-administration of standardised assessments – WHODAS 2.0 and Montreal Cognitive Assessment (MoCA)

SUMMARY OF SUPPORTS PROVIDED DURING REPORTING PERIOD

Over the reporting period, Mr. X received the following NDIS-funded supports:

Service Category	Funded Hours/Allocation	Hours/Allocation Utilised	Comments
Capacity Building – Improved Daily Living	70 hours	64 hours	Direct therapy sessions, home visits, capacity-building interventions, and progress monitoring delivered consistently across the reporting period.
Support Coordination – Level 2	70 hours	58 hours	Ongoing coordination of supports, service navigation, and crisis intervention as required.
Support Worker – Core Supports	As per NDIS plan	Utilised consistently	1:1 support worker hours provided to facilitate personal care, domestic tasks, community access, and medication prompting.
Psychology – Improved Daily Living	As per NDIS plan	Utilised consistently	Mr. X engaged with a treating psychologist on a fortnightly basis during the reporting period.
Transport Allowance	As per NDIS Price Guide	Utilised consistently	Used to attend medical appointments, therapy sessions, and community activities.

PROGRESS AGAINST NDIS PLAN GOALS

The following table outlines Mr. X's progress against the goals identified in his current NDIS plan:

Goal	Therapy Interventions Provided	Outcomes Achieved	Ongoing Support Needs
Goal 1: To improve my capacity to manage my daily routines and personal care.	• Development of a structured visual daily routine in collaboration with Mr. X and his support worker. • Skill-building sessions focused on initiating personal care tasks with prompting. • Introduction of a medication management system (weekly pill organiser) with daily prompting from support worker. • Capacity-building strategies to support medication adherence and	• Mr. X has demonstrated capacity-building in his ability to follow a structured daily routine with support worker prompting. • Medication adherence has improved from inconsistent (multiple missed doses per week) to consistent daily administration with support worker prompting. • Mr. X reports that the visual daily routine has reduced his anxiety associated with managing his day. • Personal care frequency	Ongoing support worker prompting and capacity-building required to maintain gains. Without continued formal supports, Mr. X is at significant risk of regression.

Goal	Therapy Interventions Provided	Outcomes Achieved	Ongoing Support Needs
	consistency in self-care.	has improved; however, continues to require consistent prompting and structured support.	
Goal 2: To improve my engagement in meaningful activities and reduce social isolation.	• Identification of Mr. X's preferred and meaningful activities through structured interest exploration. • Graded community access planning with support worker. • Capacity-building strategies to support tolerance of community environments. • Liaison with local community services for structured engagement opportunities.	• Mr. X has progressed from minimal community engagement at the start of the reporting period to attending weekly community-based outings with support worker assistance. • Mr. X has started attending a local community garden group on a monthly basis, identifying this as a meaningful and enjoyable activity. • Mr. X reports improved mood on days when he engages in community activities.	Ongoing support worker assistance required to maintain and expand community engagement. Without continued support, social isolation is likely to resume given Mr. X's significant psychosocial disability.
Goal 3: To improve my home environment and capacity to manage my home safely.	• Home environment assessment completed. • Recommendations regarding assistive equipment for upper limb tasks given Mr. X's bilateral shoulder pathology. • Capacity-building strategies to support task initiation in domestic tasks. • Liaison with professional cleaners and support worker for consistent home maintenance.	• Mr. X has been provided with adaptive kitchen equipment (long-handled utensils, lightweight pans) to support meal preparation tasks within his upper limb tolerance. • Home environment is being maintained more consistently with support worker prompting between professional cleaning visits. • Mr. X reports increased confidence in managing simple meal preparation tasks.	Ongoing therapy input required for further assistive technology assessment and home modification recommendations. Continued support worker assistance required for sustained home maintenance.
Goal 4: To improve my emotional wellbeing and capacity to manage my mental health condition.	• Therapy intervention focused on emotional regulation strategies and capacity building. • Development of a structured wellbeing plan	• Mr. X has implemented sleep hygiene strategies and reports a modest improvement in sleep duration (averaging 4–5 hours of broken sleep per	Ongoing therapy and psychology input required to sustain and build on emotional wellbeing gains. Mr. X remains

Goal	Therapy Interventions Provided	Outcomes Achieved	Ongoing Support Needs
	incorporating sleep hygiene strategies, daily structure, and meaningful engagement. • Collaboration with treating psychologist for integrated care. • Capacity-building strategies for managing PTSD-related sleep disruption.	night, compared to 3–4 hours at the commencement of services). • Mr. X has identified early warning signs of mental health deterioration through therapy and psychology work. • Mr. X continues to experience significant emotional distress and requires ongoing structured mental health support.	at significant risk of mental health deterioration without continued structured support.

CURRENT FUNCTIONAL CAPACITY

At the time of this Progress Report, Mr. X continues to present with significant functional support needs attributable to his psychosocial disability, PTSD, depression, anxiety, Type 2 Diabetes, and bilateral shoulder pathology. Capacity-building gains have been achieved through consistent formal support; however, his disability-related support needs remain ongoing and substantial.

Self-Care

Mr. X continues to require consistent prompting and support to initiate and complete personal care tasks. While medication adherence has significantly improved with support worker prompting, Mr. X remains unable to manage medication independently. He continues to require prompting for showering, dressing, and grooming. Bilateral shoulder pain continues to impact tasks requiring upper limb use.

Domestic Tasks

Mr. X continues to receive support from professional cleaners on a fortnightly basis and requires support worker assistance to maintain the home environment between cleaning visits. He has built capacity in preparing simple meals using adaptive equipment; however, he continues to require ongoing support for complex meal preparation, laundry, and general home maintenance.

Community Participation

Mr. X has demonstrated capacity-building in community participation, progressing from minimal engagement to attending weekly community-based outings with support. He continues to require 1:1 support worker assistance for all community access and is unable to safely or confidently engage in community activities independently due to his psychosocial disability and anxiety.

Mental Health and Emotional Wellbeing

Mr. X has engaged consistently with psychology services and has reported improved insight into his mental health condition. However, his PTSD, depression, and anxiety remain ongoing chronic conditions that significantly impact his daily functioning. Sleep disruption continues to be a significant barrier to functional capacity, and Mr. X continues to require ongoing mental health support and capacity-building strategies.

Cognitive Functioning

Mr. X continues to present with moderate cognitive impairment attributable to his psychosocial disability, PTSD, and poorly controlled diabetes. Memory, attention, and executive function deficits continue to impact his capacity to manage daily activities, medication, and appointments independently.

STANDARDISED ASSESSMENTS – COMPARISON

Montreal Cognitive Assessment (MoCA)

The MoCA was re-administered on [Date] to assess any change in Mr. X's cognitive functioning over the reporting period.

Cognitive Domain	Score at Initial Assessment	Score at Re-assessment	Change
Visuospatial / Executive Function	2/5	2/5	No change
Naming	3/3	3/3	No change
Attention	2/6	3/6	Slight improvement
Language	1/3	2/3	Slight improvement
Abstraction	1/2	1/2	No change
Memory / Delayed Recall	2/5	2/5	No change
Orientation	6/6	6/6	No change
TOTAL	17/30	19/30	Slight improvement

Mr. X's MoCA score has demonstrated a slight improvement from 17/30 to 19/30, primarily attributable to improved attention and language scores. However, his score remains below the clinical threshold of 26/30 and indicates ongoing moderate cognitive impairment. These gains may be associated with improved medication adherence, more consistent sleep, and structured engagement; however, Mr. X continues to require significant support across all areas of daily functioning.

World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0)

The WHODAS 2.0 was re-administered on [Date] to assess any change in Mr. X's functional disability across six domains.

Domain	Score at Initial Assessment	Score at Re-assessment	Change
Cognition	75%	70%	Slight improvement
Mobility	45%	45%	No change
Self-Care	65%	55%	Improvement
Getting Along	85%	75%	Improvement
Life Activities	80%	70%	Improvement
Participation	85%	75%	Improvement
Overall/Summary Score	76%	67%	Improvement

Mr. X's WHODAS 2.0 results demonstrate improvement across the domains of Self-Care, Getting Along, Life Activities, and Participation, reflecting the impact of consistent formal supports on his daily functioning and community engagement. The overall summary score has improved from 76% to 67%; however, Mr. X continues to present with severe functional impairment and remains highly dependent on formal supports to maintain his current functional capacity. Reduction or removal of supports would place Mr. X at significant risk of regression to his initial level of functioning.

ONGOING SUPPORT NEEDS

Despite the capacity-building gains achieved over the reporting period, Mr. X continues to present with significant disability-related support needs. The gains achieved have been directly attributable to consistent, structured, and formalised supports provided through his current NDIS plan. Without ongoing supports, Mr. X is at significant risk of regression and functional deterioration.

Ongoing support needs include:

- Continued support coordination to maintain service integration and respond to any emerging needs.
- Ongoing therapy input for capacity-building, assistive technology assessment, and continued functional capacity review.
- Ongoing 1:1 support worker assistance to maintain personal care, domestic tasks, medication adherence, community access, and meaningful activity engagement.
- Continued engagement with psychology to support emotional wellbeing and address the functional impact of PTSD, depression, and anxiety.
- Continued transport allowance to ensure consistent attendance at medical, therapy, and community appointments.
- Daily medication management support to maintain medication adherence and reduce health risks associated with poorly controlled diabetes and mental health conditions.

RECOMMENDATIONS FOR NEXT NDIS PLAN

Based on Mr. X's ongoing support needs and the gains achieved through the current plan period, the following recommendations are made for the next NDIS plan:

Recommendation	Justification of Reasonable and Necessary (Section 34, NDIS Act)	Hours/Allocation Recommended
Continue support coordination.	Reasonable and necessary to maintain coordination of complex supports and service navigation. Without support coordination, Mr. X is at significant risk of disengagement from essential supports.	70 hours per year
Continue therapy supports.	Reasonable and necessary to maintain capacity-building gains, conduct further functional assessments (including home modification and assistive technology assessment), and provide ongoing skill-building support. Without ongoing therapy, Mr. X is at significant risk of regression in capacity-building gains achieved.	70 hours per year (26 hrs sessions | 13 hrs travel | 6 hrs progress report | 15 hrs FCA / functional re-assessment)
Continue 1:1 support worker assistance.	Reasonable and necessary to maintain Mr. X's personal care, domestic tasks, medication adherence, community access, and meaningful activity engagement. The reporting period clearly demonstrates that Mr. X's functional gains are directly attributable to consistent support worker assistance. Reduction or removal would result in significant regression.	To be maintained at current level
Continue psychology engagement.	Reasonable and necessary to support Mr. X's emotional wellbeing and address the ongoing functional impact of PTSD, depression, and anxiety. Mr. X continues to require ongoing structured psychological intervention.	As recommended by treating psychologist
Continue transport allowance.	Reasonable and necessary to ensure Mr. X's consistent attendance at medical, therapy, and community appointments. Without transport, Mr. X is at risk of disengagement from essential services.	Transport allowance as per NDIS Price Guide
Continue short-term accommodation/respite.	Reasonable and necessary given Mr. X's chronic social isolation and complex psychosocial needs. Respite provides structured supportive engagement and opportunities for social participation.	As recommended by Support Coordinator and treating team
Continue daily medication management support.	Reasonable and necessary to maintain medication adherence gains achieved during the reporting period. Without continued daily prompting, Mr. X is at significant risk of returning to non-adherence and associated health complications.	To be incorporated into support worker hours

RISKS IF FUNDING IS REDUCED OR REMOVED

The capacity-building gains achieved by Mr. X over the reporting period have been directly attributable to consistent, structured formal supports. If funding for the identified supports is reduced or removed, Mr. X is at significant risk of the following:

- Regression of medication adherence and associated deterioration of mental health conditions and Type 2 Diabetes control.

- Decline in personal care, hygiene, and nutritional intake.
- Return to chronic social isolation and reduced community participation.
- Deterioration of sleep, emotional regulation, and overall psychosocial functioning.
- Increased risk of hospital admissions and crisis intervention requirements.
- Breakdown of safe and sustainable independent living within his own home.

SUMMARY

Mr. X has demonstrated meaningful capacity-building gains over the reporting period through consistent engagement with NDIS-funded supports. Improvements have been observed across medication adherence, personal care routines, community participation, and emotional wellbeing. Standardised assessments confirm modest improvements in cognitive functioning and overall functional disability scores.

Despite these gains, Mr. X continues to present with significant disability-related support needs. His current functional capacity is being maintained through consistent formal support, and any reduction in supports would place him at significant risk of regression and functional deterioration. Ongoing NDIS funding for the recommended supports is essential to maintain Mr. X's current level of functioning, build on capacity gains, and support his goals for independent living and meaningful community engagement.

For further information regarding this Progress Report, please do not hesitate to contact me.

Kind regards,

The Treating Clinician

Allied Health Practitioner