

This report helps Services Australia decide if you can get Age Pension or Disability Support Pension due to permanent blindness. It asks about your visual impairment.

If you do not get one of these payments already, you need to also lodge a claim. For more details go to [servicesaustralia.gov.au/dsp](https://servicesaustralia.gov.au/dsp) or [servicesaustralia.gov.au/agepension](https://servicesaustralia.gov.au/agepension)

Your ophthalmologist should complete this report. It can be done by your optometrist, but they need to confirm:

- it is supported by a report from your ophthalmologist.
- the details of your ophthalmologist.

These specialists must be registered with Australian Health Practitioner Regulation Agency (Ahpra).

## **1 Contact your ophthalmologist or optometrist and make an appointment.**

Make sure the receptionist knows you need this report completed. The time taken may be claimed by your specialist as part of the consultation. If your specialist does not bulk bill, your fee may be more than usual. This is due to the extra time needed to complete the report.

## **2 Attend the appointment with your specialist.**

Give the report (pages 1 to 5) to your specialist to complete.

## **3 Return the report**

Your specialist may return the report to us or give it to you to return. You should return this report as soon as possible.

**Keep these Notes (pages 1 to 4) for your information.**

Return this report:

- online using your Centrelink online account or the Express Plus Centrelink mobile app. For more information, go to **[servicessaustralia.gov.au/centrelinkuploaddocs](https://servicessaustralia.gov.au/centrelinkuploaddocs)**
- by post to  
Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610
- in person at one of our service centres.

If you have difficulty with returning this report call us on **132 717** or visit one of our service centres.

### **Why do I need a report?**

Permanent blindness has a specific meaning under social security law. This report helps us decide if your visual impairment meets these rules.

### **What if I do not give a report to Services Australia?**

Without a report, we cannot confirm if your visual impairment meets the specific rules for permanent blindness under social security law.

### **Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **[servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)**

## **Authorising a person or organisation to enquire or act on your behalf**

You may want someone to help you deal with us.

Giving a person or an organisation permission to help you do your business with us does not stop you from contacting us. You can cancel the arrangement at any time, online or by calling **132 717**.

If you want to give a person or an organisation permission to help you do your business with us, you can do this online or complete an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form.

For more information, go to **[servicessaustralia.gov.au/authorisedrepresentative](https://servicessaustralia.gov.au/authorisedrepresentative)**

# Information in other languages

## English

To speak to us in your language, call **131 202**. Call charges may apply. For information in your language about our payments and services, go to [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Arabic

للتحدث إلينا بلغتك، اتصل على الرقم **131 202**. قد تفرض الرسوم على هذا الاتصال. للحصول على معلومات بلغتك عن المدفوعات والخدمات التي نقدمها، اطلع على الرابط [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Assyrian

دەستەبەجێ بۆ ئێمە بە ئینگلیزی، مەدە، بۆ ئێمە بە ئینگلیزی، **131 202**. بۆ زانیاری لەبارە بە ئێمە و خزمەتەکانمان، وێستە [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Bosnian

Da biste s nama razgovarali na svom jeziku, nazovite **131 202**. Moguća je naplata troškova poziva. Za više informacija na vašem jeziku o našim isplatama i uslugama, idite na [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Chaldean

دەستەبەجێ بۆ ئێمە بە ئینگلیزی، مەدە، بۆ ئێمە بە ئینگلیزی، **131 202**. بۆ زانیاری لەبارە بە ئێمە و خزمەتەکانمان، وێستە [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Chinese (Simplified)

如果您希望用自己的语言与我们交谈，请致电 **131 202** (可能需要收话费)。获取有关我们提供的各项福利金以及相关服务的中文资料可访问 [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Croatian

Da razgovarate s nama na vašem jeziku, pozovite **131 202**. Pozivi se mogu naplaćivati. Za informacije o našim isplatama i uslugama na vašem jeziku, pogledajte [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Dari

برای صحبت کردن با ما به لسان خودتان، به شماره **131 202** زنگ بزنید. این مکالمه ممکن است برایتان خرج بردارد. برای معلومات بیشتر راجع به مساعدت های مالی و خدمات ما به لسان خودتان، به وبسایت [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage) مراجعه کنید.

## Greek

Για να μας μιλήσετε στη γλώσσα σας, καλέστε το **131 202**. Μπορεί να ισχύουν χρεώσεις κλήσης. Για πληροφορίες στη γλώσσα σας σχετικά με τις πληρωμές και τις υπηρεσίες μας, πηγαίνετε στο [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Hazaragi

بلدی ازیکه قد از مو د زیبون ازخود خو توره بوگین د شماره **131 202** زنگ بزنید. شاید سرشیم مصرف زنگ بایه. بلدی معلومات بیتشرد زیبون از خود د باره طریقه پیسه دیدون و خدمات از مو سر بزنید د ویبسایت [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Italian

Per parlare con noi nella tua lingua, chiama il numero **131 202**. La chiamata potrebbe essere soggetta a tariffa. Per informazioni nella tua lingua in merito a sussidi e servizi, visita il sito [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Khmer

ដើម្បីនិយាយមកកាន់យើងខ្ញុំជាភាសាលោកអ្នក សូមទូរសព្ទទៅលេខ **131 202**។ លោកអ្នកអាចបង់ថ្លៃទូរសព្ទ។ ដើម្បីទទួលព័ត៌មានជាភាសាលោកអ្នកអំពីប្រាក់ផ្តល់និងសេវារបស់យើងខ្ញុំ សូមបើកទើល [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Korean

귀하의 언어로 통화하기를 원하시면, **131 202** 번으로 전화하십시오. 통화료가 부과될 수 있습니다. 귀하의 언어로 저희가 제공하는 급부금 및 서비스에 대한 정보를 찾아보기 원하시면, [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage) 에 방문하십시오.

## Macedonian

За да зборувате со нас на македонски јазик, јавете се на **131 202**. Повиците може да се наплаќаат. За информации на македонски јазик за нашите исплати и услуги, отидете на [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Persian (Farsi)

برای گفتگو با ما به زبان خود، با شماره **131 202** تماس بگیرید. ممکن است تماس هزینه داشته باشد. برای کسب اطلاعات درباره پرداختها و خدمات ما به زبان خود، به تارنمای [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage) بروید.

## Russian

Чтобы проконсультироваться с нами на родном языке, позвоните по номеру **131 202**. Звонок может быть платным. За сведениями о наших выплатах и услугах на вашем языке обращайтесь по адресу [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Serbian

Да разговарате са нама на вашем језику, позовите **131 202**. Позиви могу да се наплаћују. За информације о нашим исплатама и услугама на вашем језику, погледајте [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Spanish

Para hablarnos en español llame al **131 202**. Puede que se le cobre la llamada. Obtenga información en español sobre nuestros pagos y servicios en [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Turkish

Bizimle kendi dilinizde konuşmak için **131 202** numaralı telefonu arayın. Arama ücreti uygulanabilir. Ücretlerimiz ve hizmetlerimiz hakkında kendi dilinizde bilgi için şu siteye girin: [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Vietnamese

Muốn nói chuyện với chúng tôi bằng ngôn ngữ của mình, quý vị hãy gọi số **131 202**. Có thể bị tính cước gọi. Muốn biết thông tin bằng ngôn ngữ của mình về các khoản trợ cấp và dịch vụ của chúng tôi, quý vị hãy truy cập [servicessaustralia.gov.au/yourlanguage](https://servicessaustralia.gov.au/yourlanguage)

## Information for the ophthalmologist or optometrist

We need your assistance to complete this report on behalf of your patient. This report:

- gives us details about your patient's visual impairment.
- helps us decide whether your patient can be paid Aged Pension or Disability Support Pension due to permanent blindness.

A person is permanently blind for the purposes of the *Social Security Act 1991* if any of the following criteria are met:

- (a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes
- (b) field of vision is constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object), or
- (c) a combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

### Completing this report

The patient's treating ophthalmologist should complete this report. An optometrist can complete the report but it must be supported by an ophthalmologist. Each specialist must be registered with Australian Health Practitioner Regulation Agency (Ahpra) to practice in Australia.

The information we need is set out in this report. If there is not enough space for your answers, provide a separate sheet of paper.

Supply any specialist's reports, results or other relevant documents you have which would help us reach a decision.

You can also complete this form digitally. To locate the digital form, go to [servicessaustralia.gov.au/dsp](https://servicessaustralia.gov.au/dsp) and type **SA013** in the search field.

### Returning this report

Check that all required questions are answered and that the report is signed and dated.

You can give this report to your patient or return this report directly to

Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610

### Reimbursement for services

The time taken to complete this report counts towards the length of the consultation. You can claim it as a long consultation.

### Confidentiality of information

Personal information provided to you must be kept confidential under section 202 of the *Social Security (Administration) Act 1999* and is not to be disclosed to anyone else unless authorised by the person to whom the information relates. The information provided to you must not be used for any other purpose.

### Disclosure of information

The *Freedom of information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in this report which, if released to your patient, may harm their physical or mental wellbeing, identify it and briefly state why you believe it should not be released directly to the patient. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of your report.

Patient's details — completed by the specialist

Filling in this report

You can fill this report digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this report and complete it.

If you have a printed report:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  Go to 1 skip to the question number shown.

1 Customer's details

Customer Reference Number (CRN)(if known)

Full name  Family name

First given name

Second given name

Address   
  
 Postcode

Date of birth (DD MM YYYY)

Contact phone number (including area code)

2 Diagnosis

Date of onset (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 Prognosis


4 Is your patient receiving or likely to receive treatment that will result in significant improvement within the next 2 years?

No  ► *Go to next question*

Yes  ► Give details below


**Visual acuity**

5 What is the best corrected visual acuity using the Snellen Scale?

Right eye

Left eye

6 Is the corrected visual acuity less than 6/60 in each eye?

No

Yes

**Field of vision**

7 What is the degree of constriction of field of vision (degrees in arc or around central fixation)?

Right eye

Left eye

8 Is the field of vision constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object)?

No

Yes

Give details below


**Other visual defects**

9 Are there any other visual defects?

No  ► **Go to 11**

Yes  ► Give details below


10 Does their combined effect result in the same degree of vision impairment as that of:

- visual acuity of less than 6/60 in both eyes on the Snellen Scale, after correction by suitable lenses, or
- constriction of field of vision to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object)?

No

Yes

11 If you have any additional relevant information, give details below.


12 Was this form completed by an:


Ophthalmologist  **Go to 14**

Optometrist  **Go to next question**

13 Is this opinion supported by a report from an ophthalmologist?

No  A report from an optometrist cannot be accepted by us unless there has been prior involvement of an ophthalmologist.  
▶ **Go to next question**

Yes  Give details below

 Provide a copy of the report in addition to providing the details of the ophthalmologist below.

**Details of ophthalmologist involved**

Full name

Address   
  
 Postcode

Contact phone number (including area code)

Year of most recent referral (YYYY)

**14 You need to read this**

**Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacypolicy](http://servicesaustralia.gov.au/privacypolicy)

**15** Is there any information in this report which, if released to the patient, might be prejudicial to their physical or mental health?

No  Go to next question

Yes  Give details below


**16** Details of ophthalmologist/optometrist completing this report:

Print in BLOCK LETTERS or use a stamp.

Full name

Qualifications

Address   
  
 Postcode

Contact phone number (including area code)

Signature

Date (DD MM YYYY)

**Returning this report**

You can give this report and any supporting documents to your patient or you can return this report directly to us.

However, if you answered 'Yes' at question 15, make sure to return this report directly to

Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610