



# Medical Certificate

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## Patient's details

Family name   
First Name   
Second Name   
Date of Birth

CRN

Home Address

This person has been:

My patient since:

A patient of this practice since:

## Primary condition

**Diagnosis** — Please list the main medical conditions which impact on the patient's capacity to work or study  
(Primary condition should be the condition with most impact).

Depression

Date of onset (if known)

01/11/2017

Is this condition

Temporary

**Prognosis** — Please estimate how long the symptom(s) will affect the patient's capacity to work or study.

3-12 months

**Symptoms** - Please list current symptoms for each condition.

Lack of concentration

## Secondary/Related condition

Severe Dermatitis

Date of onset (if known)

Is this condition

Permanent (likely to persist for 2 years or more)

3-12 months

severe skin disorder, redness, itiness

**Treatment** — Please describe the patient's treatment regime, including past, current and planned treatment.

Past:

Current:

Planned: Antidepressant therapy

psychology referral form psychoeducation and CBT

Past:

Current:

Planned: Referred Dermatologist

Please give details of any other medical conditions which impact on the patient's capacity to work or study.

## Capacity to work or study

In my opinion the patient is/has been unfit for work/study from  to

Can the patient currently undertake their usual work or study?

Can the patient do any other work for 8 hours or more per week?

In order to prepare your patient for return to work or study, certain assistance may be offered. Please identify any factors which may impact on participation.

## Certification by Medical Practitioner

Doctor's name

Dr Ahmed Mahdi

Qualifications

FRACGP

Provider no. 230263FW

Surgery/Medical Centre/Hospital name

Balwyn Rd Family Medical Centre

Address

353 Balwyn Rd  
Balwyn North 3104

Phone number

0398577417

Signature

Date

17/04/2018



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