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| --- | --- | --- | --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | Upper Respiratory Tract  Medical Impairment Assessment | | | |
| Veteran | | |  | UIN |
|  | | |  |  |
|  | | |  |  |
| Please assess the following conditions: | | | | |

1. Select the most accurate description of any **symptoms** of the **upper-respiratory tract.**

| **Description** | **Select One** |
| --- | --- |
| No symptoms. |  |
| Post-nasal discharge, rhinorrhoea or sneezing. |  |
| Recurrent infection, including sinusitis. |  |
| Frequent rhinitis and/or sinusitis unresponsive to medication and present at least 4 months per year. |  |

1. Select the most accurate description of any **difficulty with smell.**

| **Description** | **Select One** |
| --- | --- |
| No abnormality. |  |
| Partial loss of sense of smell. |  |
| Significant restriction due to nasal pathology. |  |
| Complete neurological loss. |  |

1. Define the veteran’s **tracheostomy** status.

| **Rating** | **Select One** |
| --- | --- |
| Never. |  |
| Previously. |  |
| Permanent tracheostomy present. |  |

1. Select the most accurate description of any **dietary modification.**

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| Minor - some foods may be preferentially avoided because of difficulty chewing or swallowing. |  |
| Significant difficulty chewing and / or constant dysphagia requiring alteration to meal patterns or food types. |  |
| Diet is limited to soft or semi-solid foods. |  |
| Diet is limited to liquid or pureed foods. |  |
| Gastrostomy or nasogastric tube feeding. |  |

1. Select the most accurate description of any **difficulty with speech.**

| **Description** | **Select One** |
| --- | --- |
| No impairment. |  |
| Mild impairment – may be hoarse, unable to shout, or have a lisp, but is understood most of the time. |  |
| Minor impairment – speech is usually adequate but there are clear difficulties. |  |
| Speech is often inadequate for daily needs – may struggle to be heard or understood (esp. by strangers) and needs frequent repetition. |  |
| Severe impairment – speech is sufficient for few tasks only, struggles to produce flow and/or many phonetic units, may only be able to whisper. |  |
| No speech production – can only use non-verbal means of communication. |  |

1. Please list **all conditions** contributing to the reported impairment and indicate the **relative contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

| **Condition** | **Contribution %** |
| --- | --- |
| e.g. Seasonal Rhinitis | 75% |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor's signature | Doctor's name | Date | Time to complete form |
|  |  |  |  |