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| --- | --- | --- | --- | --- | --- | --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | Female Sexual Function  Medical Impairment Assessment | | | | | | |
| Veteran | | | | |  | UIN | |
|  | | |  |  | | | |
|  | | | | | |  |  |
| Please assess the following conditions: | | | | | | | |

1. Please select the most accurate description of any impairment relating to **vaginal intercourse**.

| **Description** | **Select One** |
| --- | --- |
| None, minor or moderate difficulty. |  |
| Intercourse not possible on most or all occasions. |  |

At what age was the onset of the limitation of intercourse?

1. Please select the most accurate description of any impairment relating to **sexual function**.

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| Diminished sexual sensation. |  |
| Inability to achieve climax. |  |

At what age was the onset of this loss of sensation / climax?

1. Please describe any relevant **anatomical abnormalities** of the genitals:

1. Please list **all conditions** contributing to the reported impairment and indicate the **percentage 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. Vaginismus | 25% |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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