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| Australian Government crest, Department of Veterans' Affairs | Skin Disorder(s)  Medical Impairment Assessment | | | | |
| Veteran | | | |  | UIN |
|  | | |  |  | | |
|  | | | |  |  |
| Please assess the following conditions: | | | | | | |

1. Please select the most appropriate description of any symptoms.

| **Description** | **Select One** |
| --- | --- |
| Asymptomatic. |  |
| Alopecia (other than male pattern baldness). |  |
| Symptoms which are **easily tolerated**. |  |
| Symptoms that are **not easily tolerated**. |  |
| Persistent disorder resulting in continuous signs and **significant symptoms of moderate degree**. |  |
| **Severe and persistent pruritus** causing **difficulty in concentrating** and **loss of sleep**. |  |

1. How many hours are the symptoms present each day?
2. How many weeks per year is the veteran symptomatic to this degree?
3. Please select the most accurate description of the involvement of the **face and hands**.

| **Description** | **Select One** |
| --- | --- |
| None or minor. |  |
| Noticeable disorder on face or hands, of such degree as would cause **embarrassment to most people** in unfamiliar social context. |  |
| Disorders resulting in **significant loss of structural integrity of face**, e.g. total loss of pinna, skin graft, scar following trauma or burns. |  |
| Gross loss of structural integrity of face and **extensive or extreme facial disfigurement**. |  |
| **Severe and persistent ulcerative, weeping or suppurative** skin disorders involving the greater part of the both the face and the hands. |  |

1. Please select the most accurate description of the involvement of other body regions **excluding the face and hands**.

| **Description** | **Select One** |
| --- | --- |
| None or minor. |  |
| Visible condition of such degree as would cause **embarrassment or considerable inconvenience to most people** in domestic or intimate situations. |  |
| Visible condition of such degree as would cause them to **curtail sporting or recreational activities**. |  |

1. Does the veteran require medication for the skin condition(s)?  Yes  No
2. With regard to the **removal of solar skin lesions** in the past year (surgery, cautery and cryotherapy).
   1. How many **treatment episodes** occurred?
   2. How many **individual lesions** have been removed?
3. Are there any other comments you would like to make regarding the veteran’s skin condition(s)?

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. Psoriasis | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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