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| --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Hernia and StomaMedical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |  |  |
| Please assess the following conditions:  |

1. Does the veteran **currently** have any of the following **stomas**?

| **Description** | **Select** |
| --- | --- |
| None. |[ ]
| Oesophagostomy or Gastrostomy. |[ ]
| Jejunostomy or ileostomy. |[ ]
| Colostomy. |[ ]

1. Please select **all** that apply in relation to any **ventral** and/or **inguinal** **hernias**.

| **Description** | **Ventral** | **Right Inguinal** | **Left Inguinal** |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| Surgically **repaired** hernia. |[ ] [ ] [ ]
| Easily **reducible** hernia. |[ ] [ ] [ ]
| Hernia **not easily reduced** resulting in **mild symptoms**. |[ ] [ ] [ ]
| **Large** hernia resulting in **frequent symptoms**. |[ ] [ ] [ ]

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. Gastric Cancer | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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