|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Hernia and Stoma  Medical 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 |
|  |  |  |  |