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

1. Please select **all** descriptions that apply in relation to the **treatment** of **diabetes mellitus.**

| **Description** | **Select** |
| --- | --- |
| None. |  |
| Weight loss. |  |
| Dietary control. |  |
| Oral hypoglycaemics. |  |
| Insulin or other daily injectable agent. |  |

1. Is the veteran’s **blood glucose level** regularly greater than 15mmol/L?  Yes  No
2. Please select the most accurate description of the **treatment** of any **other endocrine disorder.**

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| Regular but infrequent oral medication or injection. |  |
| Daily oral medication. |  |
| Injections / infusions once a month. |  |
| Injections / infusions once a fortnight. |  |
| Daily injections. |  |

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. Graves’ disease | 75% |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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