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

1. Please select the most accurate description of any **uncorrected** **coronary artery disease**. If the affected vessel has been bypassed or stented, do not include it here.

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| **Single**-vessel disease,other than left main coronary. |[ ]
| **Multi**-vessel disease not including left main coronary. |[ ]
| **Left main** coronary artery disease (alone or in combination). |[ ]

1. Please select the most accurate description of any **angina.**

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| **Transient ischemia** **on stress testing** but no symptoms. |[ ]
| **History of angina pectoris** but no current symptoms. |[ ]
| **Infrequent** angina.  |[ ]
| **Ongoing frequent** angina. |[ ]

1. Please select the most accurate description of any **myocardial infarcts**.

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| Single episode, with **no ongoing symptoms** or impairment. |[ ]
| History of an infarct with **continuing angina or further infarcts**. |[ ]

1. Please select the most accurate description of any **coronary artery surgery and / or stenting**.

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| History of **surgery** (including stenting)with **no ongoing symptoms** or impairment. |[ ]
| History of **surgery** (including stenting)with **ongoing angina,** and/or **further infarcts** and/or **cardiac failure**. |[ ]

1. Please select the most accurate description of any **cardiac failure**.

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| **No symptoms,** but **X-ray evidence** of early cardiac failure. |[ ]
| Evidence of **right ventricular failure**. |[ ]
| Ejection fraction **between 40% and 60%**. |[ ]
| Ejection fraction of **less than or equal to 40%**. |[ ]

1. Please select **all** that apply to any **valvular heart disease** present.

| **Description** | **Select** |
| --- | --- |
| None. |[ ]
| Mitral valve prolapse. |[ ]
| Aortic sclerosis. |[ ]
| Any other valvular heart disease. |[ ]
| Successful **valve replacement** that does not require anticoagulation. |[ ]
| Successful **valve replacement** that does require **anticoagulation**. |[ ]

1. Does the veteran have a **chronic arrhythmia**? [ ]  Yes [ ]  No
2. Does the veteran have a **permanent pacemaker** or other **permanent implantable cardiac device**? [ ]  Yes [ ]  No
3. 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. Cardiomyopathy | 75% |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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