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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% |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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