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| Australian Government crest, Department of Veterans' Affairs | Malignant Disorder(s)  Medical Impairment Assessment | | | |
| Veteran | |  | UIN |
|  | |  |  | |
|  | |  |  |
| Please assess the following conditions:  For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment as though **only that single condition is present**, and that the veteran is otherwise healthy and normal. | | | | |

1. Do these condition(s) **currently** cause symptoms or produce signs?

| **Condition** | **Select “Yes” or “No”** |
| --- | --- |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |

1. Please select the most accurate description of the required **level of care,** due to each condition *in isolation.* “Institutional care” includes provision of care in the home environment that is equivalent to that which would typically be provided in an institutional setting.

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **No special care** needed. |  |  |  |
| **Routine** monitoring/follow-up. |  |  |  |
| Can be maintained at home, **but needs assistance with ADLs** (other than self-care). |  |  |  |
| Can be maintained at home **but with** **considerable assistance** and **frequent medical care.** |  |  |  |
| **Requires institutional care** and **considerable assistance** (including self-care). |  |  |  |
| **Intensive support and/or treatment needed** (e.g. disease may be progressing rapidly). |  |  |  |

1. Please rate how each condition, *in isolation*, affects each of the following **activities of daily living** (ADLs)when present, using the following scale. The examples below are not exhaustive and should be used as a reference point to identify similar activities.

|  |  |
| --- | --- |
| **None** | No impact |
| **Minor** | Can undertake the activity independently, but with moderate effort |
| **Moderate** | Requires assistance with the activity |
| **Major** | Requires considerable assistance with the activity |
| **Intensive** | Requires intensive personal support |

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **Normal activities**  (e.g. usual domestic and community ADLs) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Ability to receive and respond to incoming stimuli**  (e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately etc.) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Standing**  (e.g. standing up, standing still, etc.) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Moving**  (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Feeding**  (e.g. cutting food, eating, swallowing, etc., but not the preparation of food) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Control of bowel and bladder**  (e.g. toileting, awareness of needing to void, incontinence, etc.) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Self-care**  (e.g. bathing and dressing) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |
| **Sexual Function**  (e.g. orgasm, ejaculation, lubrication, etc.) | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive | None  Minor  Moderate  Major  Intensive |

1. Please select the most accurate description of the **reduction in life expectancy**, for each condition *in isolation*. Life expectancy should be compared to a normal, healthy person of the same age.

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **Normal** life expectancy. |  |  |  |
| Reduced by **less than 1 year.** |  |  |  |
| Reduced by **1 year to less than 10 years.** |  |  |  |
| Reduced by **10 years to less than 20 years.** |  |  |  |
| Reduced by **20 years of more.** |  |  |  |

1. Are there any other comments you would like to make regarding the impact of the veteran’s malignant condition(s)?

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