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| Australian Government crest, Department of Veterans' Affairs branding | Liver and Biliary Tract Condition(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. Please select the most accurate description of any **liver function tests**.

| **Description** | **Select One** |
| --- | --- |
| Normal. |[ ]
| **Mild** abnormality. |[ ]
| **Marked** abnormality. |[ ]

1. Please select **all** that apply to any **signs or stigmata of liver disease**.

| **Description** | **Select**  |
| --- | --- |
| None. |[ ]
| History of **jaundice.** |[ ]
| History of **ascites.** |[ ]
| History of **bleeding oesophageal varices.**  |[ ]
| Persistent **jaundice.** |[ ]
| Frequent and recurrent **bleeding episodes.** |[ ]
| Central nervous system manifestations of **hepatic insufficiency**.  |[ ]
| **Hepatic coma**. |[ ]

1. When was the **most recent presentation** with any one of the above? \_\_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_
2. Please select the most accurate description of any **gall bladder and biliary tract** pathology.

| **Description** | **Select One** |
| --- | --- |
| None. |[ ]
| **Asymptomatic.** |[ ]
| Episodes of **biliary colic 2 or fewer times per year.** |[ ]
| Episodes of **biliary colic 3 or more times per year**  |[ ]
| **Permanent irreparable biliary tract obstruction**. |[ ]

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

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