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| --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Ear, Nose and Throat 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 **otorrhoea,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Intermittent.** |[ ] [ ] [ ]
| **Permanent.**  |[ ] [ ] [ ]

1. Please select the most accurate description of any **otalgia,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Intermittent.** |[ ] [ ] [ ]
| **Permanent.**  |[ ] [ ] [ ]

1. Please select the most accurate description of any **tinnitus**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Intermittent.** |[ ] [ ] [ ]
| **Permanent.**  |[ ] [ ] [ ]

1. Please select **all** that apply for any **symptoms affecting the nose**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Post nasal discharge, rhinorrhoea and/or sneezing.** |[ ] [ ] [ ]
| **Some loss/change** in olfaction. |[ ] [ ] [ ]
| **Complete loss** of olfaction. |[ ] [ ] [ ]

1. Please select the most accurate description of any **loss of taste,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Some loss/change** in taste. |[ ] [ ] [ ]
| **Complete loss** of taste. |[ ] [ ] [ ]

1. Please select the most accurate description of any **tracheostomy,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Previous** tracheostomy or stoma.  |[ ] [ ] [ ]
| **Permanent** tracheostomy or stoma. |[ ] [ ] [ ]

1. Are there any other comments you would like to make regarding the impact of the veteran’s ear, nose or throat condition(s)?

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