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| Australian Government crest, Department of Veterans' Affairs branding | Male Sexual Function  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 impairment of **sexual function**.

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

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| **Difficulty with erection**, **ejaculation** and/or **sensation**. |  |
| **Complete loss of ejaculation and/or sensation**, but sufficient erection retained. |  |
| **Impotent** (i.e. always unable to obtain and sustain an erection). |  |

1. Please provide the **age of onset** for impotence, if any?
2. Are there any other comments you would like to make regarding the impact of the veteran’s sexual function?