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| Australian Government crest, Department of Veterans' Affairs branding | Female 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 describe the current **signs and/or symptoms**,due to each condition *in isolation*.

| **Condition** | **Signs and/or Symptoms** |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Please select the most accurate description of any **difficulties with sexual intercourse**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |  |  |  |
| Sexual intercourse possible with **some difficulty**. |  |  |  |
| Sexual intercourse **not possible**. |  |  |  |

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

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |  |  |  |
| **Intermittent** treatment. |  |  |  |
| **Continuous** treatment. |  |  |  |
| **Not controlled**,despite treatment. |  |  |  |

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