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| Australian Government crest, Department of Veterans' Affairs branding | Peripheral Vascular DiseaseMedical Impairment Assessment |
| Veteran |  | UIN |
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| 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. Does the veteran experience **ischaemic pain** on **climbing stairs** or **gradients**? [ ]  Yes [ ]  No
2. Does the veteran experience **ischaemic pain** when **walking on level ground**? [ ]  Yes [ ]  No
3. If yes, please indicate the distance the veteran can walk **before** developing ischaemic pain.

1. Does the veteran have **ischaemic pain** at **rest**? [ ]  Yes [ ]  No
2. Are there any other comments you would like to make regarding the impact of the veteran’s peripheral vascular disease?

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