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| Australian Government crest, Department of Veterans' Affairs branding | Venous 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 **varicose veins**.

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| **Mild** to **moderate**. |  |
| **Gross,** but impose no significant restriction on activities. |  |
| Varicose veins with **recurrent superficial phlebitis**. |  |

1. Please select the most accurate description of any **venous thrombosis** (upper or lower limb.)

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| **History of** deep venous thrombosis. |  |
| **Current** deep venous thrombosis (unilateral or bilateral.) |  |
| **Severe bilateral** deep venous thrombosis. |  |

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

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None, mild or transient. |  |  |  |
| **Persistent** and incompletely controlled. |  |  |  |
| **Marked**, partly controlled. |  |  |  |
| **Marked**, **cannot be controlled**. |  |  |  |

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

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None, mild or transient. |  |  |  |
| **Persistent** and incompletely controlled. |  |  |  |
| **Marked**, partly controlled. |  |  |  |
| **Marked**, **cannot be controlled**. |  |  |  |

1. Please select the most accurate description of any **venous skin changes** or **ulceration,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |  |  |  |
| **Skin reaction/discolouration**. |  |  |  |
| **Superficial** andtransient ulceration. |  |  |  |
| **Persistent** and/or **widespread** and/or **deep** ulceration. |  |  |  |
| **Severe** ulceration. |  |  |  |

1. Please select the most accurate description regarding the need for **treatment,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |  |  |  |
| **Intermittent**. |  |  |  |
| **Continuous**. |  |  |  |

1. Please select the most accurate description of the need for **hospitalisation or** **home confinement,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None recently. |  |  |  |
| **Single admission** or **confinement**. |  |  |  |
| **Periodic admissions** or **confinement**. |  |  |  |
| **Long periods of admission** or **confinement**. |  |  |  |

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