|  |  |
| --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Skin Disorder(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. Is the condition **easily reversed or treated, when it occurs?** E.g. by excision, cautery, cryotherapy, a short course of topical or oral medication, etc.

| **Condition** | **Select “Yes” or “No”** |
| --- | --- |
|  | [ ] Yes [ ] No |
|  | [ ] Yes [ ] No |
|  | [ ] Yes [ ] No |

1. Please advise of the **total number of days of treatment** each year, for each condition *in isolation*. Include treatment used for control and prevention, as well as for treating flares/ exacerbations, but do not include monitoring or activity avoidance.

| **Condition** | **Total days of treatment** **per year** |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Please advise how many **days per year** the condition affects the **ability to perform Activities of Daily Living** (ADLs)?

| **Condition** | **Total days ADLs are affected per year** |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Please rate how each condition, *in isolation*, affects each of the following **activities of daily living** (ADLs). If the condition(s) present with variable severity, please select an average rating**.** The examples below are not exhaustive and should be used as a reference point to identify similar activities.

|  |  |
| --- | --- |
| **None** | No impact |
| **Minor** | Minor interference with activity |
| **Major** | Major interference with activity |

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **Ability to receive and respond to incoming stimuli** (e.g. visual & auditory processing, response to touch, maintaining concentration, responding appropriately, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Standing**(e.g. standing up, standing still, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Moving** (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Feeding** (e.g. cutting food, eating, swallowing, etc., but not the preparation of food) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Control of bowel and bladder**(e.g. toileting, awareness of needing to void, incontinence, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Self-care** (e.g. bathing and dressing) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Sexual Function** (e.g. orgasm, ejaculation, lubrication, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |

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