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| Australian Government crest, Department of Veterans' Affairs branding | Lower Urinary Tract  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 **urinary** **incontinence,** due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **None** or **occasional** symptoms. |  |  |  |
| **Intermittent dribbling** incontinence. |  |  |  |
| **Continuous dribbling** incontinence. |  |  |  |

1. Please select the most accurate description of any **obstructive urinary symptoms**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **None** or **occasional** symptoms. |  |  |  |
| **Hesitancy** and/or **poor flow**. |  |  |  |
| **No voluntary bladder control** but **good reflex activity**. |  |  |  |
| **No voluntary bladder control** and **complete loss of reflex activity**. |  |  |  |

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

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

1. If the treatment is intermittent, please advise how **frequently** treatment occurs.

1. Is there a **urinary diversion** in place (with or without removal of bladder)? Yes No
2. How well is each condition **controlled** by treatment? If a condition recurs frequently, treatment would be considered to be no better than partially effective.

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **Completely** controlled. |  |  |  |
| **Partially** effective. |  |  |  |
| **Poorly/uncontrolled.** |  |  |  |

1. Are there any other comments you would like to make regarding the impact of the veteran’s lower urinary tract condition?

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