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| Australian Government crest, Department of Veterans' Affairs branding | Lower Urinary TractMedical 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?

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