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| --- | --- | --- | --- | --- | --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Historic Condition(s)  Medical Impairment Assessment | | | | | |
| Veteran | | |  | | UIN |
|  | |  | |  | | |
|  | | |  | |  |
| Please assess the following conditions: | | | | | | |

The veteran has **historic condition(s)** to be assessed. These are injuries or diseases that have usually occurred during the veteran’s service period and are **likely to have resolved**, though some impairment may persist from the time of injury or diagnosis. If the veteran has **new, worsening, or changing** symptoms and impairment, this may indicate the presence of an **additional condition** warranting further investigation. **New condition(s)** need to be **assessed** **separately**.

1. Please select the most appropriate **single** **response** from the table below.

| Insert condition: | Yes | No |
| --- | --- | --- |
| The condition has resolved. |  |  |
| The veteran has had the same symptoms and impairment since the original injury / disease. |  |  |
| The veteran has developed new or worsening symptoms which are due to the condition alone.   * If yes, please describe how this has been confirmed and how other relevant conditions have been excluded: |  |  |
|  | |
| The veteran’s symptoms and impairment are due to new or additional conditions.   * If yes, please list the condition(s) present: |  |  |
|  | |

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