|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | ADLs / Functional Impact  Medical Impairment Assessment | | | |
| Veteran | | |  | UIN |
|  | | |  |  |
|  | | |  |  |
| Please assess the following condition(s): | | | | |

1. Please describe the veteran’s signs and symptoms of the above condition(s).

1. At the **time of diagnosis**, what was the veteran’s **estimated life expectancy**?

| **Description of life expectancy** | **Select One** |
| --- | --- |
| Normal or near-normal. |  |
| 5-year survival less than 75% of normal. |  |
| 5-year survival less than 50% of normal. |  |
| 5-year survival less than 25% of normal. |  |

1. Please select the most accurate description of the **symptoms** for the condition(s).

| **Description of symptom** | **Select One** |
| --- | --- |
| **None or negligible** – Easily tolerated symptoms. |  |
| **Minor** – Symptoms that are irritating but improve with medication. |  |
| **Moderate** – Symptoms that are irritating and not easily tolerated. Treatment is not available, or is of little value, or gives only short remission. |  |
| **Significant** – Symptoms which are impossible to ignore. |  |

1. Please select the most accurate description of the **functional impact** of the condition(s).

| **Description of symptom** | **Select One** |
| --- | --- |
| **None or negligible** – Feeling of good health all or most of the time. Evidence of disease but minimal interference with daily tasks. |  |
| **Minor** – Some daily tasks performed inefficiently because of generalised lethargy. |  |
| **Moderate** – Noticeable loss of energy leading to loss of efficiency. Avoidance of some tasks previously easily performed. |  |
| **Significant** – Decreased efficiency in most activities. Marked loss of energy leads to avoidance of many daily tasks; most can be completed but rapidly cause fatigue. |  |

**Activities of daily living (ADL)**

This section only needs to be completed if the condition interferes with the performance of the veteran’s ADLs.

Please **rate and describe** how the condition(s) affects each of the following activities of daily living.

|  |  |
| --- | --- |
| **None** | No impact on ability to perform task. |
| **Minor** | Performs independently, but with considerable difficulty. May need direction, prompts or reminders (Please also describe any directions, supervision or assistance needed). |
| **Moderate** | Requires some degree of personal assistance (Please describe). |
| **Major/significant** | Requires extensive assistance (Please describe). |
| **Severe** | Unable to contribute towards performance of task. Completely dependent. |

1. **Bed mobility** (sitting in, rising from and moving around in bed).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

1. **Transfers** (moving from one seat to another, changing from sitting to standing, moving to and from toilet and bed).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

1. **Standing & mobility/locomotion** (walking on level ground, on gentle slopes and down stairs).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

1. **Feeding** (includes use of utensils, chewing and swallowing, but excludes food preparation).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

5. **Personal hygiene** (bathing and grooming).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

6. **Dressing** (putting on socks, shoes, as well as clothing the upper and lower trunk).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Minor** |  | **Moderate** |  | **Major/significant** |  | **Severe** |  |

7. Please list **all conditions** contributing to the reported impairment and indicate the **relative contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

| **Condition** | **Contribution %** |
| --- | --- |
| e.g. Cerebrovascular accident (CVA) | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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