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

1. Please list all **malignancies** that have been diagnosed.

|  | **Type of Malignancy** |
| --- | --- |
| **Malignancy 1** |  |
| **Malignancy 2** |  |
| **Malignancy 3** |  |

1. What is the veteran’s current estimated **life expectancy**?

| **Life Expectancy** | **Malignancy 1** | **Malignancy 2** | **Malignancy 3** |
| --- | --- | --- | --- |
| 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-year survival less than 50% of normal. |[ ] [ ] [ ]
| 1-year survival less than 25% of normal. |[ ] [ ] [ ]

1. Please select the most accurate description of the **symptoms** of the condition(s) and the effect on **everyday activities**.

| **Description** | **Select One** |
| --- | --- |
| **None or minor** symptoms that are **easily tolerated**. |[ ]
| **Mild to moderate** symptoms that are **irritating or unpleasant** but rarely prevent completion of any activity. Symptoms **may cause loss of efficiency** in some activities. |[ ]
| **More severe** symptoms that are **more distressing** but only prevent few everyday activities. **Loss of efficiency in a good few activities.** |[ ]
| **Loss of efficiency** discernible in **many everyday activities**. |[ ]
| **Major restrictions** in **many everyday activities.** |[ ]
| **Most everyday activities are prevented**. |[ ]

1. Please describe the symptoms experienced by the veteran.

1. Please select the most accurate description of any effect on **self-care**.

| **Description** | **Select One** |
| --- | --- |
| Self-care is **unaffected** and independence is maintained. |[ ]
| **Some elements of self-care are restricted** but, in most respects, independence is retained. |[ ]
| Capacity for self-care is **increasingly restricted**, leading to **partial dependence on others**. |[ ]
| **Dependent on others for most kinds of self-care**. Able to be maintained at home with considerable assistance and frequent medical care. |[ ]

1. Are there any other comments you would like to make regarding the impact of the veteran’s malignancy conditions?

1. Please list **all conditions** contributing to the reported **impairment in questions 3, 4 and 5 only** and indicate the **percentage 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. Osteosarcoma left knee  | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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