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| Australian Government crest, Department of Veterans' Affairs branding | Psychiatric Condition(s)Medical Impairment Assessment |
| Veteran |  | UIN |
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| 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. If it is not possible to separate the impairment in this way, please select a description of the total impairment rating under “combined conditions.” |

1. Please select the most accurate description of any **disturbance in thinking**, due to each condition *in isolation*. For the purposes of this assessment, a “disturbance in thinking” is not limited to a formal thought disorder.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| None. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Minor.**  |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Marked.** |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Inability to learn from experience** causing considerable damage to self or others. |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Severe** (entails actual or potential harm to self and/or others). |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Very Severe**. |[ ] [ ] [ ] [ ] [ ]   | [ ]  |

1. Please select the most accurate description of any **behavioural disturbance**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| None. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Lack of conscience-directed behaviour** without harm to self or others.  |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Definite** disturbance. |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Loss of self-control** causing considerable damage to self or others. |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Severe** (entails actual or potential harm to self and/or others). |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Very severe.** |[ ] [ ] [ ] [ ] [ ]   | [ ]  |

1. Please select the most accurate description of the response to **stresses of daily living**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Normal. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Reactions cause minor **loss of personal or social efficiency.** |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Reactions cause **modification of daily living patterns.** |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |

1. Please select the most accurate description of the **need for hospitalisation** and/or **restriction to a confined environment**, due to each condition *in isolation***.** For the purposes of this assessment, a “confined” environment is considered an enclosed situation in which the veteran is not able to come and go as they please, for example, a psychiatric institution.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| None. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Previous hospitalisation**; low risk of readmission. |[ ] [ ] [ ] [ ] [ ]   | [ ]  |
| **Previous hospitalisation**; requires **daily medication** and/or **regular therapy** to avoid readmission.  |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |
| Needs **supervision** and **direction** in a **confined** environment. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Needs **constant supervision** and **care** in a **confined** environment (permanently). |[ ] [ ] [ ] [ ] [ ]   |[ ]

1. On the following page, please rate how each condition, *in isolation*, affects each of the following **activities of daily living** (ADLs)when present, using the following scale. The examples in the table below are not exhaustive and should be used as a reference point to identify similar activities.

For the purposes of assessment, “supervision” means the immediate presence of a suitable person who is responsible, in whole or in part, for the care of the veteran; “direction” means providing instruction, prompts, orders, etc. by a suitable person.

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| **None:** | No impact on ability to perform task. |
| **Minor:** | Needs some supervision and direction (e.g. intermittent or occasional prompts or reminders) to perform activity. |
| **Major:** | Needs supervision and direction to perform the activity. |

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ability to receive and respond to incoming stimuli** (e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Standing** (e.g. standing up, standing still, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Moving** (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Feeding** (e.g. cutting food, eating, swallowing, etc., but not the preparation of food) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Control of bowel and bladder** (e.g. toileting, awareness of needing to void, incontinence, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Self-care** (e.g. bathing and dressing) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |
| **Sexual Function** (e.g. orgasm, ejaculation, lubrication, etc.) | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major | [ ]  None[ ]  Minor[ ]  Major |

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