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| --- | --- | --- | --- | --- | --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Neurological – Cognition and Communication  Medical 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. If it is not possible to separate the impairment in this way, please select a description of the total impairment rating under “combined conditions.” | | | | | | |

**Memory Impairment Assessment**

1. Please select the most accurate description of any difficulties with **memory**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| **None** or **minor** impairment broadly **consistent with others** of same age, education and lifestyle. |  |  |  |
| **Difficulties with names and appointments**, misplaces objects. |  |  |  |
| **Fails to keep** appointments or fulfil obligations. |  |  |  |

1. Please select the most accurate description of any difficulties with **recall**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| **None** or **minor** impairment broadly **consistent with others** of same age, education and lifestyle. |  |  |  |
| **Difficulty recalling** recent events. |  |  |  |
| **Unable to recall** recent events or experiences. |  |  |  |

1. Please select the most accurate description of any difficulties with **orientation to place**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| **None** or **minor** impairment broadly **consistent with others** of same age, education and lifestyle. |  |  |  |
| Tendency to get lost in **unfamiliar surroundings**. |  |  |  |
| Disorientation in **familiar surroundings**. |  |  |  |

1. Please select the most accurate description of any difficulties with **facial and/or** **object recognition**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions** (if unable to isolate) |
| --- | --- | --- | --- | --- |
| **None** or **minor** impairment broadly **consistent with others** of same age, education and lifestyle. |  |  |  |
| **Some difficulty.** |  |  |  |
| **Unable to recognise** familiar faces or objects. |  |  |  |

1. Please select the most accurate description of any need for **aids and supervision,** as a result of difficulty with memory, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| None. |  |  |  |
| **Relies on notes**, lists, diaries or other people. |  |  |  |
| **Some supervision** by another person necessary. |  |  |  |
| **Constant supervision** by another person necessary to avoid harm (unable to live independently). |  |  |  |

**Reasoning Impairment Assessment**

1. Please select the most accurate description of the ability to plan and carry out tasks in **new situations**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| None or abilities intact. |  |  |  |
| **Minor** difficulties. |  |  |  |
| **Moderate** difficulties. |  |  |  |
| **Major** difficulties. |  |  |  |

1. Please select the most accurate description of the ability to plan and carry out **routine activities**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| None or abilities intact. |  |  |  |
| **Minor-moderate** difficulties. |  |  |  |
| **Major** difficulties. |  |  |  |
| Needs **prompting and assistance** with even the **simplest of tasks.** |  |  |  |

1. Please select the most accurate description of any difficulty with **complex decision-making and abstract thinking**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| None. |  |  |  |
| **Minor-moderate** difficulties. |  |  |  |
| **Serious** difficulties. |  |  |  |
| Needs **prompting and assistance** with even the **simplest of tasks.** |  |  |  |

1. Does the veteran have evidence of **preservative thinking**? Yes  No

**Comprehension Impairment Assessment**

1. Please select the most accurate description of any difficulty **comprehending spoken language**, due to each condition *in isolation.* Do *not* include impairment due to hearing loss.

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| No difficulty. |  |  |  |
| Understands speech in **most situations,** but has **difficulties in groups** or **when fatigued.** |  |  |  |
| Understands speech in **one-to-one situations,** but **cannot cope** in **group situations.** |  |  |  |
| Understands **simple sentences,** although **repetition is sometimes needed.** |  |  |  |
| Understands **single words only.** |  |  |  |
| **Unable to understand** any language. |  |  |  |

1. Please select the most accurate description of any difficulty **comprehending written material**, due to each condition *in isolation*. Do *not* include impairment due to visual loss.

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| No difficulty. |  |  |  |
| **Reads books** and magazine articles, but **does not understand the details.** |  |  |  |
| Understands the gist of **simple articles**, but has **great difficulty with details.** |  |  |  |
| Understands **simple sentences only.** |  |  |  |
| Reads **single words only.** |  |  |  |
| **Unable to read.** |  |  |  |

**Expression Impairment Assessment**

1. Please select the most accurate description of any difficulty **writing**, due to each condition *in isolation.* Do *not* include impairment due to physical conditions.

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| No difficulty. |  |  |  |
| Can write **simple letters**, but **cannot write complex documents.** |  |  |  |
| Can write postcards and **letters of 5 lines** with errors, but **cannot write longer documents.** |  |  |  |
| Can write **short, simple sentences only**, with errors. |  |  |  |
| Can write **single words only.** |  |  |  |
| Can write or copy a **familiar sequences of letters**, e.g. own name. |  |  |  |
| **Unable to write.** |  |  |  |

1. Please select the most accurate description of any difficultywith **expression of speech** because of limitation in the **content of speech**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | **OR** | **Combined Conditions**  (if unable to isolate) |
| --- | --- | --- | --- | --- |
| No difficulty. |  |  |  |
| Can sustain conversation, but has **minor word retrieval problems** and/or hesitancy. |  |  |  |
| Can converse in **simple sentences only** and may have **difficulty with word finding** and **expressing complex ideas.** |  |  |  |
| Responds in **short sentences or phrases only.** |  |  |  |
| **Single words** and/or social or stereotyped phases **only.** |  |  |  |
| **No useful speech** (includes unintelligible speech and speech limited to swearing). |  |  |  |

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