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| **Australian Government crest, Department of Veterans' Affairs branding** | VertigoMedical 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. |

1. Please rate how the vertigo **affects** each of the following activities **when present**, using the following scale. If the vertigo presents with variable severity, please select an average rating. The examples below are not exhaustive and should be used as a reference point to identify similar activities.

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| **None** | No impact on activities |
| **Minor** | Interference with activities |
| **Major** | Extensive assistance required,activity impossible without assistance |

| **Description** | **None** | **Minor** | **Major** |
| --- | --- | --- | --- |
| **Activities involving personal or public safety** (e.g. driving a car, operating machinery) | [ ]  | [ ]  | [ ]  |
| **Household duties** (e.g. cooking, cleaning, etc.) | [ ]  | [ ]  | [ ]  |
| **Ability to receive and respond to incoming stimuli**(e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately, etc.) | [ ]  | [ ]  | [ ]  |
| **Standing**(e.g. standing up, standing still, etc.) | [ ]  | [ ]  | [ ]  |
| **Moving** (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport, etc.) | [ ]  | [ ]  | [ ]  |
| **Feeding** (e.g. cutting food, eating, swallowing, etc., but not the preparation of food) | [ ]  | [ ]  | [ ]  |
| **Control of bowel and bladder**(e.g. toileting, awareness of needing to void, incontinence, etc.) | [ ]  | [ ]  | [ ]  |
| **Self-care**(e.g. bathing and dressing) | [ ]  | [ ]  | [ ]  |
| **Sexual Function** (e.g. orgasm, ejaculation, lubrication, etc.) | [ ]  | [ ]  | [ ]  |

1. Is the veteran **permanently** **confined to home** because of vertigo? [ ]  Yes [ ]  No
2. What is the **frequency** (days per year) and **duration** (length of time) of vertigo? If the vertigo presents with variably intensity, please use the average.

| **Condition** | **Frequency of vertigo**(days per year) | **Duration of vertigo**(length of time) |
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1. Are there any other comments you would like to make regarding the impact of the veteran’s vertigo?

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