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| Australian Government crest, Department of Veterans' Affairs branding | Mastication & Deglutition  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.” | | | | | | |

1. Please select the most accurate description of the need for **modification of the consistency of diet**, 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. |  |  |  |  |  |  |
| Limited to **semi-solid** foods. |  |  |  |  |  |  |
| Limited to **soft** or **mashed** foods. |  |  |  |  |  |  |
| Limited to **pureed** foods. |  |  |  |  |  |  |
| Limited to **liquid** foods. |  |  |  |  |  |  |
| Requires **tube feeding** or **gastrostomy**. |  |  |  |  |  |  |

1. Are there any other comments you would like to make regarding the impact of the veteran’s ability to chew and swallow?

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