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| Australian Government crest, Department of Veterans' Affairs branding | Facial Disfigurement 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. |

1. Please select **all** that apply to any **facial scarring** or **disfigurement**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| **Normal** facial appearance. |[ ] [ ] [ ]
| **Pigmentation**. |[ ] [ ] [ ]
| Scarring **above the brow line**. |[ ] [ ] [ ]
| **Severe** scarring **below the upper lip**. |[ ] [ ] [ ]
| **Severe disfigurement** of the entire area **between the brow and the upper lip on both sides**. |[ ] [ ] [ ]

1. Please advise how many **cutaneous** **scars** are present **below the brow line**, due to each condition *in isolation.*

| **Condition** | **Number of scars** |
| --- | --- |
|  |  |
|  |  |
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1. Please select the most accurate description of any disfigurement of the **nose**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Distortion** of nose (e.g. visible deviation of the nasal septum.) |[ ] [ ] [ ]
| Loss of **part** of nose. |[ ] [ ] [ ]
| Loss of **entire** nose. |[ ] [ ] [ ]

1. Please select the most accurate description of any **facial paralysis**, due to each condition *in isolation.* This includes any degree of dysfunction which is evident on examination, such as a partial paralysis, as well as complete loss of the relevant nerve/muscle function.

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Unilateral**. |[ ] [ ] [ ]
| **Bilateral**. |[ ] [ ] [ ]

1. Please select **all** that apply for any disfigurement of the **bones of the face**, due to each condition *in isolation.*

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| Disfigurement of the **orbit**. |[ ] [ ] [ ]
| Depression of the **zygoma**. |[ ] [ ] [ ]
| **Depression** of the frontal bone.  |[ ] [ ] [ ]

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

| **Description** | Insert condition: | Insert condition: | Insert condition: |
| --- | --- | --- | --- |
| None. |[ ] [ ] [ ]
| **Deformity** of the external ear.  |[ ] [ ] [ ]
| **Loss of** the external ear. |[ ] [ ] [ ]

1. Are there any other comments you would like to make regarding the facial disfigurement?

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