



Veteran

UIN

Please assess the following conditions:

1. Please select the most accurate description of any impairment of **sexual function**.

Description	Select One
None or minor difficulties.	<input type="checkbox"/>
Impotence which is usually ameliorated by medical or surgical therapies or treatment has not been tried.	<input type="checkbox"/>
Permanent complete impotence, trials of reasonable medical and / or surgical treatments have failed.	<input type="checkbox"/>
Severe post-ejaculatory pain.	<input type="checkbox"/>

At what age was the onset of this level of impairment?

2. Please describe any relevant **anatomical abnormalities** of the genitals:

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3. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Testicular Cancer	25%
Total	100%

Doctor's signature	Doctor's name	Date	Time to complete form
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>