



Veteran

UIN

Please assess the following conditions:

1. Please select the most accurate description of any impairment relating to **vaginal intercourse**.

Description	Select One
None, minor or moderate difficulty.	<input type="checkbox"/>
Intercourse not possible on most or all occasions.	<input type="checkbox"/>

At what age was the onset of the limitation of intercourse?

2. Please select the most accurate description of any impairment relating to **sexual function**.

Description	Select One
None.	<input type="checkbox"/>
Diminished sexual sensation.	<input type="checkbox"/>
Inability to achieve climax.	<input type="checkbox"/>

At what age was the onset of this loss of sensation / climax?

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

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4. 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. Vaginismus	25%
Total	100%

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