



Veteran

UIN

Please assess the following conditions:

1. Please select **all** that apply.

Description	Select
No significant breast condition.	<input type="checkbox"/>
Gynecomastia.	<input type="checkbox"/>
Persistent mammary discharge.	<input type="checkbox"/>
Loss or alteration of sensation of nipple or breast on one side.	<input type="checkbox"/>
Partial bilateral loss of sensation over T4&5 dermatome.	<input type="checkbox"/>
Lumpectomy or partial mastectomy on one side.	<input type="checkbox"/>
Total bilateral loss of sensation over T4&5 dermatome.	<input type="checkbox"/>
Total loss of sensation of both nipples or breasts.	<input type="checkbox"/>
Unilateral mastectomy.	<input type="checkbox"/>
Bilateral mastectomy.	<input type="checkbox"/>

2. 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. Breast Cancer	25%
Total	100%

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