



Veteran

UIN

Please assess the following conditions:

1. Please list all **malignancies** that have been diagnosed.

	Type of Malignancy
Malignancy 1	
Malignancy 2	
Malignancy 3	

2. What is the veteran's current estimated **life expectancy**?

Life Expectancy	Malignancy 1	Malignancy 2	Malignancy 3
Normal or near normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-year survival less than 75% of normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-year survival less than 50% of normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-year survival less than 25% of normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-year survival less than 50% of normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-year survival less than 25% of normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description of the **symptoms** of the condition(s) and the effect on **everyday activities**.

Description	Select One
None or minor symptoms that are easily tolerated .	<input type="checkbox"/>
Mild to moderate symptoms that are irritating or unpleasant but rarely prevent completion of any activity. Symptoms may cause loss of efficiency in some activities.	<input type="checkbox"/>
More severe symptoms that are more distressing but only prevent few everyday activities. Loss of efficiency in a good few activities .	<input type="checkbox"/>
Loss of efficiency discernible in many everyday activities .	<input type="checkbox"/>
Major restrictions in many everyday activities .	<input type="checkbox"/>
Most everyday activities are prevented.	<input type="checkbox"/>

4. Please describe the symptoms experienced by the veteran.

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5. Please select the most accurate description of any effect on **self-care**.

Description	Select One
Self-care is unaffected and independence is maintained.	<input type="checkbox"/>
Some elements of self-care are restricted but, in most respects, independence is retained.	<input type="checkbox"/>
Capacity for self-care is increasingly restricted , leading to partial dependence on others .	<input type="checkbox"/>
Dependent on others for most kinds of self-care . Able to be maintained at home with considerable assistance and frequent medical care.	<input type="checkbox"/>

6. Are there any other comments you would like to make regarding the impact of the veteran's malignancy conditions?

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7. Please list **all conditions** contributing to the reported **impairment in questions 3, 4 and 5 only** 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. Osteosarcoma left knee	75%
Total	100%

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