Liver, Pancreas and Gall Bladder Condition(s)
Medical Impairment Assessment

Australian Government
Department of Veterans' Affairs

Veteran	UIN

Please assess the following conditions:

1. Please select the most accurate description of any current **hepatitis.**

Description	Select One
None (includes acute hepatitis that has resolved).	☐
Chronic persistent hepatitis.	☐
Chronic active hepatitis.	☐

2. Please select the most accurate description of the severity of any **chronic liver disease.**

Description	Select One
None.	☐
Abnormal LFTs but no symptoms or signs.	☐
Signs of chronic liver disease, but <u>no evidence</u> of portal hypertension.	☐
Evidence of **portal hypertension**.	☐
History of **variceal bleeding or encephalopathy**.	☐

3. Please select the most accurate description of the effect of any **pancreatic disease.**

Description	Select One
None or asymptomatic pancreatic disease.	☐
Mild infrequent symptoms.	☐
Intermittent attacks of **abdominal pain** and/or **steatorrhoea**.	☐
Frequent attacks of **abdominal pain** <u>and</u> **steatorrhoea**.	☐
Two or more hospital admissions within the past year.	☐

4. Please select the most accurate description of any **gall bladder disease.**

Description	Select One
None.	☐
Asymptomatic gall-bladder disease.	☐
Mild infrequent symptoms.	☐
Moderate, frequent symptoms.	☐
Two or more hospital admissions within the past year.	☐
Post-cholecystectomy syndrome.	☐

5. Are there any other comments you would like to make regarding the impact of the veteran's liver, pancreas and gall bladder condition(s)?

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6. 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. Post-cholecystectomy syndrome	75%
Total	**100%**

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