Australian Government
Department of Veterans' Affairs

Disorders of the Colorectum and Anus
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please select the most accurate description of any **bowel disorder. Both** the **symptom description** and the **level of treatment requirement** need to be met.

Description	Select One
None.	☐
Infrequent and **minor** symptoms, medication not required.	☐
Frequent and **moderate** symptoms, necessitating **regular medication**.	☐
Marked symptoms, **partially controlled by medication**.	☐
Symptoms occur on most days with **interference with daily routine**, and **no response to medication.**	☐

2. Please select the most accurate description of any **constipation.**

Description	Select One
None.	☐
Intermittent constipation.	☐
Persistent constipation.	☐

3. Please select the most accurate description of any **faecal incontinence.**

Description	Select One
None.	☐
Minor, associated with **occasional soiling**.	☐
Faecal soiling necessitating **frequent changes of underwear**, or a **precautionary incontinence pad**.	☐
Necessitates use of **incontinence pad** on **most days**.	☐
Necessitates **several changes of incontinence pads** on **most days**.	☐
Complete faecal incontinence.	☐

4. Please select the most accurate description of any **pruritus ani**.

Description	Select One
None.	☐
Mild to moderate pruritus ani.	☐
Marked pruritus ani with **daily symptoms** and **evidence of excoriation**.	☐
Marked to **severe** symptoms **despite regular treatment**.	☐

5. Please select the most accurate description of any **other anal disorder(s).**

Description	Select One
No other disorders of anus or rectum.	☐
Infrequent and **minor** symptoms.	☐
Moderate symptoms **on most days**, necessitating **regular medication for control**.	☐
Marked to **severe** symptoms **despite regular treatment**.	☐

6. Are there any other comments you would like to make regarding the impact of the veteran's lower gastrointestinal condition(s)?

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7. 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. Irritable Bowel Syndrome	75%
Total	**100%**

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

Save Print Clear