Australian Government
Department of Veterans' Affairs

Endocrine Condition(s)
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please select **all** descriptions that apply in relation to the **treatment** of **diabetes mellitus.**

Description	Select
None.	☐
Weight loss.	☐
Dietary control.	☐
Oral hypoglycaemics.	☐
Insulin or other daily injectable agent.	☐

2. Is the veteran's **blood glucose level** regularly greater than 15mmol/L? ☐ Yes ☐ No

3. Please select the most accurate description of the **treatment** of any **other endocrine disorder.**

Description	Select One
None.	☐
Regular but infrequent oral medication or injection.	☐
Daily oral medication.	☐
Injections / infusions once a month.	☐
Injections / infusions once a fortnight.	☐
Daily injections.	☐

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. Graves' disease	75%
Total	**100%**

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

Save Print Clear