Australian Government
Department of Veterans' Affairs

# Haematological Condition(s)
## Medical Impairment Assessment

| Veteran | UIN |
|---|---|
| | |

Please assess the following conditions:

1. Please select the most accurate description of the need for **cytotoxic therapy**.

| Description | Select One |
|---|---|
| None, or less often than monthly. | ☐ |
| One course every 3-4 weeks, or more often. | ☐ |

2. Please select the most accurate description of the need for **transfusions or infusions**.

| Description | Select One |
|---|---|
| None, or less frequently than every 4 months. | ☐ |
| Every 12-16 weeks. | ☐ |
| Every 6-8 weeks. | ☐ |
| Every 4 weeks. | ☐ |
| Every 2 weeks or more. | ☐ |

3. Please select the most accurate description of the need for **therapeutic phlebotomy.**

| Description | Select One |
|---|---|
| None, or less often than once every 4 weeks. | ☐ |
| Once every 4 weeks. | ☐ |
| More than once every 4 weeks. | ☐ |

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. Chronic Lymphocytic Leukaemia | 75% |
| | |
| | |
| | |
| | |
| **Total** | **100%** |

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



Save Print Clear