



Veteran

UIN

Please assess the following conditions:

1. Please **provide a copy** of the most recent **spirometry results**.

2. Please rate the most accurate description of any **sputum production**.

Description	Select One
None or minor (less than 50mL).	<input type="checkbox"/>
Daily production of 50mL - 100mL .	<input type="checkbox"/>
Daily production of at least 100mL .	<input type="checkbox"/>

3. How many **lower respiratory tract infections** does the veteran experience per year?

4. Please select the most accurate description regarding the **need for medication**.

Description	Select One
No medication required.	<input type="checkbox"/>
Intermittent use of bronchodilator medication.	<input type="checkbox"/>
Daily use of bronchodilator medication (preventer and/or reliever).	<input type="checkbox"/>
Daily use of inhaled steroids .	<input type="checkbox"/>
Daily use of bronchodilator medication <u>in addition</u> to daily inhaled steroids .	<input type="checkbox"/>
Repeated courses (at least several per year) or permanent use of oral steroids .	<input type="checkbox"/>

5. 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. COPD	75%
Total	100%

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