



Veteran

UIN

Please assess the following conditions:

If these conditions cause difficulty with **mobility** (e.g. claudication) please ensure you have considered this when completing the lower limb function form (included with this request).

If these conditions affect the **skin** (e.g. rash / discoloration, itch) please ensure you have considered this when completing the skin disorder(s) form (included with this request).

1. Please select the most accurate description of any **varicose veins**.

Description	Select One
None.	<input type="checkbox"/>
Present but not greatly disfiguring and cause only trivial symptoms , and impose no significant restriction on activities.	<input type="checkbox"/>
Unsightly or gross varicose veins , but impose no significant restriction on activities.	<input type="checkbox"/>
Constant (or almost constant) symptoms which are not easily tolerated and require medication or therapy .	<input type="checkbox"/>
Very severe varicose veins which are difficult to control and require periodic confinement or hospital admissions .	<input type="checkbox"/>

2. Please select the most accurate description of any **venous/varicose ulceration**.

Description	Select One
No ulcers.	<input type="checkbox"/>
Superficial, small or transient ulceration.	<input type="checkbox"/>
Constant (or almost constant) symptoms which are not easily tolerated and require medication or therapy .	<input type="checkbox"/>
Very severe ulceration which are difficult to control and require periodic confinement or hospital admissions .	<input type="checkbox"/>

3. Please select the most accurate description of any **lower limb oedema**.

Description	Select One
None, mild or transient oedema.	<input type="checkbox"/>
Moderate and persistent oedema.	<input type="checkbox"/>
Marked oedema, only partly controlled by treatment or therapy.	<input type="checkbox"/>

4. Please select the most accurate description of any **peripheral vascular disease**.

Description	Select One
None.	<input type="checkbox"/>
Minor disease or disease successfully treated.	<input type="checkbox"/>
Moderate disease.	<input type="checkbox"/>
Severe disease.	<input type="checkbox"/>

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

.....

.....

.....

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. Tibial artery occlusion	75%
Total	100%

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