



Veteran

UIN

Please assess the following conditions:

1. Does the veteran have diagnosed **renal artery stenosis**? ☐ Yes ☐ No

2. Please select the most accurate description of the prognosis of any **glomerulonephritis**.

Description	Select One
No glomerulonephritis.	<input type="checkbox"/>
Good prognosis expected.	<input type="checkbox"/>
Likely to cause chronic renal failure in 5 – 10 years .	<input type="checkbox"/>
Likely to cause chronic renal failure in 6 months – 5 years .	<input type="checkbox"/>
Likely to cause chronic renal failure in less than 6 months .	<input type="checkbox"/>

3. Please select the most accurate description of any **chronic renal failure**.
(Use of eGFR to estimate creatinine clearance is sufficient)

Description	Select One
Creatinine clearance of greater than 20mL/min .	<input type="checkbox"/>
Creatinine clearance of less than 20mL/min .	<input type="checkbox"/>
Creatinine clearance of less than 10mL/min .	<input type="checkbox"/>
Ongoing peritoneal dialysis or haemodialysis .	<input type="checkbox"/>

4. Has the veteran undergone a **nephrectomy**? ☐ Yes ☐ No

5. Has the veteran undergone a **renal transplant**? ☐ Yes ☐ No

6. Please select **all** that apply in relation to any **hydronephrosis**.

Description	Select
None.	<input type="checkbox"/>
One or more episodes more than 12 months ago.	<input type="checkbox"/>
Hydronephrosis within the last 12 months due to an upper urinary tract disorder .	<input type="checkbox"/>
Hydronephrosis within the last 12 months due to a lower urinary tract disorder .	<input type="checkbox"/>

7. Please select **all** that apply in relation to any **urinary tract infections**.

Description	Select
None.	<input type="checkbox"/>
Occasional UTIs.	<input type="checkbox"/>
Recurrent cystitis causing frequent symptoms.	<input type="checkbox"/>
Pyelonephritis within the last 12 months due to an upper urinary tract disorder .	<input type="checkbox"/>
Pyelonephritis within the last 12 months due to a lower urinary tract disorder .	<input type="checkbox"/>

8. Does the veteran have **renal stone disease**? ☐ Yes ☐ No

9. Please select the most accurate description of any **bladder outlet** or **urethral obstruction**.

Description	Select One
None.	<input type="checkbox"/>
Mild symptoms e.g. poor stream or hesitancy.	<input type="checkbox"/>
More severe symptoms e.g. urge frequency, nocturia, recurrent UTIs.	<input type="checkbox"/>
Urethral stricture necessitating passage of sounds at intervals of 3 months or less.	<input type="checkbox"/>
Loss of voluntary control but emptying achieved by techniques to trigger voiding .	<input type="checkbox"/>
Loss of voluntary control , necessitating intermittent catheterisation .	<input type="checkbox"/>
Urinary diversion , e.g. ileal conduit, has been undertaken.	<input type="checkbox"/>

10. Please select the most accurate description of any **incontinence**.

Description	Select One
None.	<input type="checkbox"/>
Occasional stress incontinence, pads not needed.	<input type="checkbox"/>
Minor stress incontinence, needing use of 1-2 incontinence pads a day.	<input type="checkbox"/>
Mild urge incontinence, but rarely unable to find a toilet in time.	<input type="checkbox"/>
Moderate stress incontinence, needing several incontinence pads a day.	<input type="checkbox"/>
Frequent and severe stress incontinence, causing significant embarrassment and some avoidance of social activities and public places.	<input type="checkbox"/>
Dribbling incontinence needing frequent change of incontinence pads, or a collection device, e.g. condom catheter.	<input type="checkbox"/>
Incontinence needing a permanent indwelling catheter .	<input type="checkbox"/>
Urinary diversion , e.g. ileal conduit, has been undertaken.	<input type="checkbox"/>

11. Are there any other comments you would like to make regarding the impact of the veteran's urinary tract condition(s)?

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12. 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. Diabetic nephropathy	75%
Total	100%

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