Australian Government
Department of Veterans' Affairs

Gastrointestinal Condition(s)
Medical Impairment Assessment

Veteran	UIN

Insert conditions:
For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment **as though only that single condition is present**, and that the veteran is otherwise healthy and normal.

1. Please describe the current **signs, symptoms and investigation findings,** related to each condition *in isolation.*

Condition:	
Signs (e.g. fever, unexplained weight loss, abdominal distension or tenderness.)	....
Symptoms, including **frequency and severity** (e.g. abdominal pain, bowel changes, vomiting.)	....
Investigation Findings (e.g. anaemia on laboratory testing, oesophagitis on gastroscopy, diverticulitis on CT scan.)	....

Condition:	
Signs (e.g. fever, unexplained weight loss, abdominal distension or tenderness.)	....
Symptoms, including **frequency and severity** (e.g. abdominal pain, bowel changes, vomiting.)	....
Investigation Findings (e.g. anaemia on laboratory testing, oesophagitis on gastroscopy, diverticulitis on CT scan.)	....

Condition:	
Signs (e.g. fever, unexplained weight loss, abdominal distension or tenderness.)	....
Symptoms, including **frequency and severity** (e.g. abdominal pain, bowel changes, vomiting.)	....
Investigation Findings (e.g. anaemia on laboratory testing, oesophagitis on gastroscopy, diverticulitis on CT scan.)	....

2. Please provide the following **measurements:**

   Current weight: _____ kg Pre-diagnosis weight: _____ kg Height: _____ cm

3. Please select the most accurate description of any **dietary modification,** due to each condition *in isolation* (e.g. low FODMAP, gluten-free etc.)

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Minor modification to diet (e.g. avoiding certain foods.)	☐	☐	☐
Dietary modification **needed for control**.	☐	☐	☐
Dietary modification produces **partial but incomplete control**.	☐	☐	☐

4. Please select the most accurate description of the **need for medication**, for each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Medication **needed for control.**	☐	☐	☐
Medication produces **partial but incomplete control.**	☐	☐	☐

5. Please select the most accurate description of any **alteration of bowel habit**, due to each condition *in isolation*. Consider both the frequency of bowel movement and form of stool.

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Disturbed bowel habit (i.e. a change from pre-existing pattern).	☐	☐	☐
Severe persistent disturbance of bowel habit.	☐	☐	☐

6. Please select the most accurate description of any **faecal incontinence**, due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Mild incontinence of flatus or liquid stool.	☐	☐	☐
Partial faecal incontinence.	☐	☐	☐
Complete faecal incontinence.	☐	☐	☐

7. Please select the most accurate description of any **limitation of activity,** due to each condition *in isolation***.** Consider impact on occupation, hobbies, community and domestic ADLs etc.

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Minor.	☐	☐	☐
Moderate.	☐	☐	☐
Severe.	☐	☐	☐

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

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

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