



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 select the most accurate description of any **liver function tests**.

Description	Select One
Normal.	<input type="checkbox"/>
<b>Mild</b> abnormality.	<input type="checkbox"/>
<b>Marked</b> abnormality.	<input type="checkbox"/>

2. Please select **all** that apply to any **signs or stigmata of liver disease**.

Description	Select
None.	<input type="checkbox"/>
History of <b>jaundice</b> .	<input type="checkbox"/>
History of <b>ascites</b> .	<input type="checkbox"/>
History of <b>bleeding oesophageal varices</b> .	<input type="checkbox"/>
Persistent <b>jaundice</b> .	<input type="checkbox"/>
Frequent and recurrent <b>bleeding episodes</b> .	<input type="checkbox"/>
Central nervous system manifestations of <b>hepatic insufficiency</b> .	<input type="checkbox"/>
<b>Hepatic coma</b> .	<input type="checkbox"/>

3. When was the **most recent presentation** with any one of the above? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Please select the most accurate description of any **gall bladder and biliary tract** pathology.

Description	Select One
None.	<input type="checkbox"/>
<b>Asymptomatic</b> .	<input type="checkbox"/>
Episodes of <b>biliary colic</b> <u>2 or fewer times per year</u> .	<input type="checkbox"/>
Episodes of <b>biliary colic</b> <u>3 or more times per year</u> .	<input type="checkbox"/>
<b>Permanent irreparable biliary tract obstruction</b> .	<input type="checkbox"/>

5. Are there any other comments you would like to make regarding the impact of the veteran’s liver and biliary tract condition(s)?

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