



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. Does the veteran **currently** have any of the following **stomas**?

Description	Select
None.	<input type="checkbox"/>
Oesophagostomy or gastrostomy.	<input type="checkbox"/>
Jejunostomy or ileostomy.	<input type="checkbox"/>
Colostomy.	<input type="checkbox"/>

2. Please select **all** that apply in relation to any **inguinal hernias**.

Description	Right Inguinal	Left Inguinal
None.	<input type="checkbox"/>	<input type="checkbox"/>
Surgically corrected hernia.	<input type="checkbox"/>	<input type="checkbox"/>
Readily reducible hernia.	<input type="checkbox"/>	<input type="checkbox"/>
Small recurrent hernia, operable but not readily reducible.	<input type="checkbox"/>	<input type="checkbox"/>
Large recurrent hernia, inoperable and not readily reducible.	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description of any **ventral hernias** present.

Description	Select One
None.	<input type="checkbox"/>
Surgically corrected hernia.	<input type="checkbox"/>
Well supported hernia.	<input type="checkbox"/>
Not well supported hernia.	<input type="checkbox"/>
Massive hernia, inoperable, with severe diastasis of recti.	<input type="checkbox"/>

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