Australian Government
Department of Veterans' Affairs

Neurological – Cranial Nerves
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.

For the purposes of this form, the terms "loss" and "loss of function" encompasses any dysfunction of the nerve which is evident on examination, including partial paralysis, or an alteration or partial loss of sensation, as well as complete loss of the relevant nerve function.

1. Please select the most accurate description of any **loss of function** of the **Olfactory (I) nerve**.

Description	Select One
None.	☐
Unilateral loss.	☐
Bilateral loss.	☐

2. Please select the most accurate description of any **loss of function** of the **Optic (II) nerve.** Do *not* consider any impairment due to visual disorders, e.g. cataracts etc.

Description	Select One
None.	☐
Unilateral loss.	☐
Bilateral loss.	☐

3. Please select the most accurate description of any **loss of function** of the **Oculomotor (III), Trochlear (IV)** and/or **Abducens (VI) nerves,** resulting in **diplopia**.

Description	Select One
None.	☐
Unilateral loss.	☐
Bilateral loss.	☐

4. Please select **all** that apply for any **loss of function** of the **Trigeminal (V) nerve.** Do not include pain from trigeminal neuralgia (see question 6).

Description	Select
None.	☐
Unilateral motor loss.	☐
Unilateral sensory loss.	☐
Bilateral motor loss.	☐
Bilateral sensory loss.	☐

5. Please select **all** that apply for any **loss of function** of the **Facial (VII) nerve**.

Description	Select
None.	☐
Complete loss of taste.	☐
Unilateral loss.	☐
Bilateral loss.	☐

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

Description	Select
None.	☐
Intractable typical trigeminal neuralgia.	☐
Atypical facial neuralgia (due to disorders of the Facial VII nerve).	☐

7. Please select the most accurate description of any **swallowing impairment** due to **loss of function** of the **cranial nerves**.

Description	Select One
None.	☐
Diet restricted to **semi-solid foods**.	☐
Diet restricted to **liquid foods**.	☐
Diet restricted to **tube feeding or gastrostomy**.	☐

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

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