



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 impairment of **sexual function**.

Description	Select One
None.	<input type="checkbox"/>
<b>Difficulty with erection, ejaculation and/or sensation.</b>	<input type="checkbox"/>
<b>Complete loss of ejaculation and/or sensation</b> , but sufficient erection retained.	<input type="checkbox"/>
<b>Impotent</b> (i.e. always unable to obtain and sustain an erection).	<input type="checkbox"/>

2. Please provide the **age of onset** for impotence, if any? .....

3. Are there any other comments you would like to make regarding the impact of the veteran's sexual function?

.....

.....

.....

.....

.....

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