



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 and/or symptoms**, due to each condition *in isolation*.

Condition	Signs and/or Symptoms

2. Please select **all** that apply of any effect in relation to the **ovaries and/or fallopian tubes**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unilateral dysfunction or loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilateral loss of tubular patency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total failure to produce ova.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For any dysfunction or loss of the **ovaries and/or fallopian tubes**, did this occur **before** natural menopause? ☐ Yes ☐ No

4. Please select the most accurate description of any effect on the **uterus**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
No abnormality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some dysfunction .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete functional loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomical loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. For any effect on the **uterus**, did this occur **before** natural menopause? ☐ Yes ☐ No

6. Please select the most accurate description of any limitation of **vaginal childbirth**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
No abnormality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal delivery limited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal delivery not possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For any limitation of **vaginal childbirth**, did this occur **before** natural menopause? ☐ Yes ☐ No

8. Please select the most accurate description of any **cervical stenosis**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present , but not requiring treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires periodic treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete cervical stenosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please select the most accurate description of the **treatment**, for each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not controlled , despite treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please select **all** that apply to any abnormality of the **breasts**.

Description	Select
No abnormality.	<input type="checkbox"/>
Galactorrhoea sufficient to require the use of absorbent pads.	<input type="checkbox"/>
Loss of one breast.	<input type="checkbox"/>
Loss of both breasts before natural menopause.	<input type="checkbox"/>

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