



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 the most accurate description of any **difficulties with sexual intercourse**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual intercourse possible with some difficulty .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual intercourse not possible .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description of the **treatment required**, due to 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"/>

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