



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 treatment of **diabetes mellitus**.

Description	Select One
None.	<input type="checkbox"/>
Controlled by diet and/or oral medication.	<input type="checkbox"/>
Requires dietary adjustment and insulin .	<input type="checkbox"/>
Not controlled despite vigorous therapy.	<input type="checkbox"/>

2. Please select the most accurate description of any treatment of **thyroid disease**.

Description	Select One
None.	<input type="checkbox"/>
Adequately controlled with treatment, e.g. thyroxine.	<input type="checkbox"/>
Not adequately controlled treatment.	<input type="checkbox"/>

3. Please select the most accurate description of any **hyperparathyroidism**.

Description	Select One
None.	<input type="checkbox"/>
Secondary .	<input type="checkbox"/>
Primary hyperparathyroidism, managed non-operatively .	<input type="checkbox"/>
Parathyroid adenoma removed , replacement therapy not indicated .	<input type="checkbox"/>
Parathyroidectomy ; replacement therapy required .	<input type="checkbox"/>

4. Please select the most accurate description of any **osteoporosis**.

Description	Select One
None.	<input type="checkbox"/>
Asymptomatic , with or without treatment.	<input type="checkbox"/>
Symptomatic .	<input type="checkbox"/>

5. For symptomatic osteoporosis, please describe the **cause** of the symptoms (e.g. painful osteoporotic fracture).

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6. Please select the most accurate description of any **Paget's disease**.

Description	Select One
None.	<input type="checkbox"/>
Asymptomatic , with or without treatment.	<input type="checkbox"/>
Symptomatic .	<input type="checkbox"/>

7. Please select the most accurate description of any **other bone disease**.

Description	Select One
None.	<input type="checkbox"/>
Asymptomatic , with or without treatment.	<input type="checkbox"/>
Symptomatic with pain , not controlled by continuous therapy.	<input type="checkbox"/>

8. Are there any other comments you would like to make regarding the impact of the veteran's endocrine condition(s)?

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