Australian Government
Department of Veterans' Affairs

Venous Condition(s)
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.

1. Please select the most accurate description of any **varicose veins**.

Description	**Select One**
None.	☐
Mild to **moderate**.	☐
Gross, but impose no significant restriction on activities.	☐
Varicose veins with **recurrent superficial phlebitis**.	☐

2. Please select the most accurate description of any **venous thrombosis** (upper or lower limb).

Description	**Select One**
None.	☐
History of deep venous thrombosis.	☐
Current deep venous thrombosis (unilateral or bilateral).	☐
Severe bilateral deep venous thrombosis.	☐

3. Please select the most accurate description of any **upper limb oedema,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None, mild or transient.	☐	☐	☐
Persistent and incompletely controlled.	☐	☐	☐
Marked, partly controlled.	☐	☐	☐
Marked, **cannot be controlled**.	☐	☐	☐

4. Please select the most accurate description of any **lower limb oedema,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None, mild or transient.	☐	☐	☐
Persistent and incompletely controlled.	☐	☐	☐
Marked, partly controlled.	☐	☐	☐
Marked, **cannot be controlled**.	☐	☐	☐

5. Please select the most accurate description of any **venous skin changes** or **ulceration,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Skin reaction/discolouration.	☐	☐	☐
Superficial and transient ulceration.	☐	☐	☐
Persistent and/or **widespread** and/or **deep** ulceration.	☐	☐	☐
Severe ulceration.	☐	☐	☐

6. Please select the most accurate description regarding the need for **treatment,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Intermittent.	☐	☐	☐
Continuous.	☐	☐	☐

7. Please select the most accurate description of the need for **hospitalisation or home confinement,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None recently.	☐	☐	☐
Single admission or **confinement**.	☐	☐	☐
Periodic admissions or **confinement**.	☐	☐	☐
Long periods of admission or **confinement**.	☐	☐	☐

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

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