Australian Government
Department of Veterans' Affairs

Skin Disorder(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. Is the condition **easily reversed or treated, when it occurs?** E.g. by excision, cautery, cryotherapy, a short course of topical or oral medication, etc.

Condition	**Select "Yes" or "No"**
	☐Yes ☐No
	☐Yes ☐No
	☐Yes ☐No

2. Please advise of the **total number of days of treatment** each year, for each condition *in isolation*. Include treatment used for control and prevention, as well as for treating flares/ exacerbations, but do not include monitoring or activity avoidance.

Condition	**Total days of treatment per year**

3. Please advise how many **days per year** the condition affects the **ability to perform Activities of Daily Living** (ADLs)?

Condition	**Total days ADLs are affected per year**

4. Please rate how each condition, *in isolation*, affects each of the following **activities of daily living** (ADLs). If the condition(s) present with variable severity, please select an average rating**.** The examples below are not exhaustive and should be used as a reference point to identify similar activities.

None	No impact
Minor	Minor interference with activity
Major	Major interference with activity

Description	Condition:	Condition:	Condition:
Ability to receive and respond to incoming stimuli (e.g. visual & auditory processing, response to touch, maintaining concentration, responding appropriately, etc.)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Standing (e.g. standing up, standing still, etc.)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Moving (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Feeding (e.g. cutting food, eating, swallowing, etc., but not the preparation of food)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Control of bowel and bladder (e.g. toileting, awareness of needing to void, incontinence, etc.)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Self-care (e.g. bathing and dressing)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major
Sexual Function (e.g. orgasm, ejaculation, lubrication, etc.)	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major	☐ None ☐ Minor ☐ Major

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

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