



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.

Please provide a copy of the most recent renal function test. If creatinine clearance has been formally measured, please ensure this is included.

1. Please select the most accurate description of **renal function**. If the veteran has more than one condition affecting renal function, please estimate the likely renal function, due to each condition *in isolation*.

Creatinine clearance	eGFR	Condition:	Condition:	Condition:
Normal renal function		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 89 litres/day	> 62mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 to 89 litres/day	52 to 62 mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 to 74 litres/day	42 to 51 mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to 59 litres/day	35 to 41 mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 to 49 litres/day	28 to 34 mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
< 40 litres/day	< 28mL/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the most accurate description of any need for **treatment of symptoms and signs**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous medical treatment necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incompletely controlled by surgical or continuous medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the veteran undergone a **nephrectomy**? ☐ Yes ☐ No

4. Is the veteran receiving **peritoneal dialysis** or **haemodialysis**? ☐ Yes ☐ No

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