



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 **urinary incontinence**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None or occasional symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent dribbling incontinence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous dribbling incontinence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the most accurate description of any **obstructive urinary symptoms**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None or occasional symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hesitancy and/or poor flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No voluntary bladder control but good reflex activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No voluntary bladder control and complete loss of reflex activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description regarding the **treatment**, for 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If the treatment is intermittent, please advise how **frequently** treatment occurs.

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5. Is there a **urinary diversion** in place (with or without removal of bladder)? ☐Yes ☐No

6. How well is each condition **controlled** by treatment? If a condition recurs frequently, treatment would be considered to be no better than partially effective.

Description	Condition:	Condition:	Condition:
Completely controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poorly/uncontrolled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are there any other comments you would like to make regarding the impact of the veteran's lower urinary tract condition?

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