



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 **all** that apply to any **facial scarring or disfigurement**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal facial appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigmentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarring <b>above the brow line</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe scarring <b>below the upper lip</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe <b>disfigurement</b> of the entire area <b>between the brow and the upper lip on both sides</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please advise how many **cutaneous scars** are present **below the brow line**, due to each condition *in isolation*.

Condition	Number of scars

3. Please select the most accurate description of any disfigurement of the **nose**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Distortion</b> of nose (e.g. visible deviation of the nasal septum.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of <b>part</b> of nose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of <b>entire</b> nose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please select the most accurate description of any **facial paralysis**, due to each condition *in isolation*. This includes any degree of dysfunction which is evident on examination, such as a partial paralysis, as well as complete loss of the relevant nerve/muscle function.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unilateral.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bilateral.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please select **all** that apply for any disfigurement of the **bones of the face**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disfigurement of the <b>orbit</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression of the <b>zygoma</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Depression</b> of the frontal bone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please select the most accurate description of any disfigurement of the **ear**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deformity</b> of the external ear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Loss of</b> the external ear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are there any other comments you would like to make regarding the facial disfigurement?

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