



Veteran

UIN

Please assess the following conditions:

The veteran has **historic condition(s)** to be assessed. These are injuries or diseases that have usually occurred during the veteran's service period and are **likely to have resolved**, though some impairment may persist from the time of injury or diagnosis. If the veteran has **new, worsening, or changing** symptoms and impairment, this may indicate the presence of an **additional condition** warranting further investigation. **New condition(s)** need to be **assessed separately**.

1. Please select the most appropriate **single response** from the table below.

Insert condition:	Yes	No
The condition has resolved .	<input type="checkbox"/>	<input type="checkbox"/>
The veteran has had the same symptoms and impairment since the original injury / disease .	<input type="checkbox"/>	<input type="checkbox"/>
The veteran has developed new or worsening symptoms which are due to the condition alone . <ul style="list-style-type: none">If yes, please describe how this has been confirmed and how other relevant conditions have been excluded:	<input type="checkbox"/>	<input type="checkbox"/>
	<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>	
The veteran's symptoms and impairment are due to new or additional conditions . <ul style="list-style-type: none">If yes, please list the condition(s) present:	<input type="checkbox"/>	<input type="checkbox"/>
	<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>	

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