Australian Government
Department of Veterans' Affairs

Gastrointestinal Condition(s)
Weight and Nutrition
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please provide current body mass index (BMI) ..... kg/m^2

2. If BMI ≥ 30 what is the cause of their obesity?

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3. Please select the most accurate description of the **severity of gastrointestinal symptoms**.

Description	**Select One**
None.	☐
Minor symptoms.	☐
Moderate local symptoms and/or **mild systemic** symptoms.	☐
Severe, frequent local symptoms and **systemic symptoms**.	☐

4. Please select the most accurate description of any necessary **dietary modification.**

Description	**Select One**
None.	☐
Minor modification to diet (e.g. high fibre diet, avoiding certain foods).	☐
Major dietary restrictions required for disease / symptom control.	☐
A **specific diet** has been **medically prescribed**.	☐

5. Please select the most accurate description of any **malabsorption** or **nutritional deficiency**.

Description	**Select One**
None.	☐
Controlled with **replacement therapy**.	☐
Laboratory evidence of malabsorption or nutritional deficiency **despite therapy**.	☐

6. Please select the most accurate description of any **involuntary weight loss**.

Description	Select One
None.	☐
Less than 10%.	☐
Involuntary weight loss of **10% - 20%**.	☐
Involuntary weight loss of **20% or more**.	☐

7. Are there any other comments you would like to make regarding the impact of the veteran's weight and nutrition?

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8. Please list **all conditions** contributing to the reported **impairment in questions 3-6** and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Colon Cancer	75%
Total	**100%**

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

Save Print Clear