



Veteran

UIN

Insert condition(s):

1. Please select the most accurate description of impairment of **fertility**.

Description	Select One
None.	
Infertility associated with natural menopause.	
Difficulty conceiving but has conceived naturally.	
Amenorrhoea in a pre-menopausal woman.	
Reduced fertility – successful pregnancy has been achieved only with medical intervention (e.g. IVF, hormonal stimuli).	
Pregnancy is medically proscribed due to serious risk to the health of mother or potential child.	
Complete infertility – unable to become pregnant or maintain a pregnancy to term.	

At what age was the onset of this level of infertility? .....

2. Please select **all** that apply in relation to the **cervix and / or uterus**.

Description	Select
No abnormality.	
Scarring or partial loss of the cervix without loss of function.	
Cervical incompetence.	
Endometriosis.	
Severe menorrhagia.	
Hysterectomy.	

At what age was the hysterectomy (if applicable)? .....

3. Please select the most accurate description in relation to the **ovaries and fallopian tubes**.

Description	Select One
No abnormality.	
Recurrent Salpingitis.	
Loss or removal of single ovary.	
Loss or removal of both ovaries (whether or not associated with hysterectomy).	

At what age did loss of ovaries occur (if applicable)? .....

4. Please select **all** that apply to any physical alteration(s) of the **vagina, and external genitalia**.

Description	Select
No abnormality.	
Minor scarring or anatomic variation.	
Clitoridectomy.	
Vulvectomy.	

At what age did this loss occur? .....

5. Please list **all conditions** contributing to the reported impairment 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. Cervical Cancer	25%
<b>Total</b>	<b>100%</b>

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