



Veteran

UIN

Insert condition(s):

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 above the brow line .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe scarring below the upper lip .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe disfigurement of the entire area between the brow and the upper lip on both sides .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Condition	Number of scars
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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"/>
Distortion of nose (e.g. visible deviation of the nasal septum.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of part of nose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of entire 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"/>
Unilateral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilateral.	<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 orbit .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression of the zygoma .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression 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"/>
Deformity of the external ear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of 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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