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Claimant Report - Dietary Fibre/Folate

Malignant Neoplasm Of The Colorectum

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

1. Has there ever been a significant long lasting decrease in the consumption of fibre in food? *(This means food containing complex carbohydrates of plant origin consumed as vegetables, fruits or cereal but excluding fibre in fortified foods or supplements)*.

 **No -** *Please go to question3.*

 **Yes** - Please provide details of any decrease which lasted for at least 5 years and the reason it occurred *[Please be as specific as possible]*:

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Reason for decrease** |
| / / | / / |  |
| / / | / / |  |

2. Please describe the intake of fibre in food in a typical week, both before and after the decrease in consumption:

|  |  |
| --- | --- |
| **Weekly intake of fibre in food before the decrease** | **Weekly intake of fibre in food after the decrease** |
|  |  |

3. Has there ever been a significant long lasting decrease in the consumption of folate in food? *(This means food containing folate which is a group B vitamin also called folic acid, but excluding folate or folic acid in fortified foods or supplements)*.

 **No -** *Please sign the form and return it to the Department*

 **Yes** - Please provide details of any decrease which lasted for at least 5 years and the reason it occurred *[Please be as specific as possible]*:

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Reason for decrease** |
| / / | / / |  |
| / / | / / |  |

4. Please describe the intake of folate in food in a typical week both before and after the decrease in consumption:

|  |  |
| --- | --- |
| **Weekly intake of folate in food before the decrease** | **Weekly intake of folate in food after the decrease** |
|  |  |

Claimant's Signature

***You are reminded that:***

1. The Declaration you signed on the claim form also covers the information you supply on this form.
2. There are penalties for knowingly making false or misleading statements.

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