

## Claimant Report - Straining at Stool Due to Constipation or Diarrhoea Inguinal Hernia

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 Endown Court

Veteran's Details					
Su	rname	Given Names	DVA Fil	e Number	
<i>le</i> p	oort Detail				
•	When did the first sign develop? <i>Please be as</i> .	s or symptoms of (specific as possible		_)	
			/	1	
•		straining at stool due to constipation re the first signs or symptoms of (_			
	☐ No ☐ Yes - When did to	he straining at stool occur?			
			1	1	
	What caused these epis	sodes of constipation or diarrhoea?			
	What caused these epis	sodes of constipation or diarrhoea?			
	What caused these epis	sodes of constipation or diarrhoea?			
3.	What caused these epis	sodes of constipation or diarrhoea?			

1.	Please provide details of medical treatment received for these episodes of constipation or diarrhoea including dates of treatment and name and address of the attending doctor.			
5.	Did the (insert claimed position) become permanently worse at any time?			
	<ul> <li>No - Please sign the form and return it to the Department</li> <li>Yes − Please describe when the permanent worsening occurred</li> </ul>			
	1 1			
б.	Were there episodes of straining at stool due to constipation or diarrhoea within the 30 days immediately before the permanent worsening of (insert claimed position)?  No  Yes - When did the straining at stool occur?			
	1 1			
7.	What caused these episodes of constipation or diarrhoea and what treatment was provided? Please provide details including dates of treatment and name and address of the attending doctor.			
Cla	imant's Signature			
	are reminded that:			
T	The Declaration you signed on the claim form also covers the information you supply on his form.			