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Claimant Report - Use Of Amphetamines Or Amphetamine-Like Compounds

Ischaemic Heart Disease

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

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

The Repatriation Medical Authority has specified the following drugs as possibly contributing to ischaemic heart disease:

 3,4-methylenedioxymethamphetamine (ecstasy);

 dextroamphetamine;

 ephedrine;

 methamphetamine;

 methylphenidate (Ritalin);

 phendimetrazine;

 phentermine;

 phenylpropanolamine; or

 pseudoephedrine.

1. Is there a history of having used one or more of these drugs within the 24 hours before the first signs and symptoms of ischaemic heart disease developed?

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

 **Yes**

2. Please identify the drug used, when it was taken and the reasons for its use at that time:

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3. Did ischaemic heart disease clinically worsen?

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

* **Yes** – Please provide details, including the date of clinical worsening.

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4. Is there a history of having used one or more of these drugs within the 24 hours before the clinical worsening of ischaemic heart disease?

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

 **Yes**

5. Please identify the drug used, when it was taken and the reasons for its use at that time:

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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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