



**Australian Government**

**Department of Veterans' Affairs**

## **Claimant Report - Nonsteroidal Anti-Inflammatory Drugs (excluding Aspirin) 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***

**Surname**

**Given Names**

**DVA File Number**

### ***Report Detail***

NSAIDs are anti-inflammatory drugs that do not contain steroids. Most commonly they are treatment for muscle strains and arthritic conditions. Examples of nonsteroidal anti-inflammatory drugs (other than aspirin) include:

Brufen, Celebrex, Diclofenac, Feldene, Fenac, Ibuprofen, Indocid, Mobilis, Naprosyn, Naprogesic, Nurofen, Rafen, Orudis, Oruvail, Vioxx, Voltaren.

1. When were the symptoms of ischaemic heart disease first evident? - *Please be as specific as possible.*

2. Were any NSAIDs (excluding aspirin) used within the 7 days immediately before ischaemic heart disease was first evident?

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

**Yes** - *Name of drug(s):*


3. Was this drug, or any other NSAID (excluding aspirin), used for a continuous period of at least 7 days before the onset of ischaemic heart disease?

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

**Yes** - Please provide the following details regarding this drug:

Name of drug	Period using this drug	How often was this drug used e.g. everyday	Condition for which this drug was used or taken
	/ / to / /		
	/ / to / /		
	/ / to / /		

4. Did the ischaemic heart disease become permanently worse at any time?

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

**Yes** – Please indicate the date (Please be as specific as possible).

--

5. Were any NSAIDs (excluding aspirin) used within the 7 days immediately before the permanent worsening of ischaemic heart disease?

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

**Yes** - Name of drug(s):


6. Was this drug, or any other NSAID (excluding aspirin), used for a continuous period of at least 7 days before the permanent worsening of ischaemic heart disease?

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

**Yes** - Please provide the following details regarding this drug:

Name of drug	Period using this drug	How often was this drug used e.g. everyday	Condition for which this drug was used or taken
	/ / to / /		
	/ / to / /		
	/ / to / /		

---

***Claimant's Signature***

***You are reminded that:***

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

/ /
-----