

## **Medical Report - Appropriate Clinical Management**

The information you provide on this form 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.

| Vet          | eran's Details   |   |                                    |  |  |  |  |
|--------------|--|---|------------------------------------|--|--|--|--|
| Sur          | name   | Given Names   | DVA File Number                    |  |  |  |  |
| Rep          | ort Detail   |   |                                    |  |  |  |  |
| cons<br>acto | sider whether there was an ir                          | pensation in respect of the above nationability to obtain appropriate clinica | al management that could be a      |  |  |  |  |
| L.           | Has the veteran ever suffer                            | red from (  | )?                                 |  |  |  |  |
|              | □ No - Please sign the □ Yes                           | form and return it to the Departme  | nt                                 |  |  |  |  |
| 2.           |  | Was the veteran ever unable to obtain appropriate clinical management for (   |                                    |  |  |  |  |
|              | <ul><li>No - Please sign the</li><li>Yes</li></ul>     | form and return it to the Departme  | nt                                 |  |  |  |  |
| 3.           | Did this inability to obtain of (                      | appropriate clinical management co)?  | ontribute to a permanent worsening |  |  |  |  |
|              | <ul><li>□ No - Please sign the</li><li>□ Yes</li></ul> | form and return it to the Departme  | nt                                 |  |  |  |  |
| ١.           | When did this inability to                             | obtain appropriate clinical managen   | ment occur?                        |  |  |  |  |
|              |  |   | / /                                |  |  |  |  |
| 5.           |  | ve been the cause of the inability to   |                                    |  |  |  |  |
|              |  |   |                                    |  |  |  |  |
|              |  |   |                                    |  |  |  |  |

| _ |  |  | ding advice: |
|---|--|--|--------------|

Folio: .....