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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.

Veteran's Details

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

A claim for service related compensation in respect of the above named requires the Department to consider whether there was an inability to obtain appropriate clinical management that could be a factor in the worsening of the claimed condition. Would you please answer the following questions:

**1.** Has the veteran ever suffered from the claimed condition?

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

 **Yes**

**2.** Was the veteran ever unable to obtain appropriate clinical management for the claimed condition?

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

 **Yes**

**3.** Did this inability to obtain appropriate clinical management contribute to a permanent worsening of the claimed condition?

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

 **Yes**

**4.** When did this inability to obtain appropriate clinical management occur?

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**5.** What do you believe to have been the cause of the inability to obtain appropriate clinical management for the claimed condition?

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Details of Medical Practitioner providing advice:

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| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
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