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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.

Vet	eran's Details			
Sui	rname	Given Names		DVA File Number
Rep	port Detail			
cons	sider whether there was an in	nability to obtain a	ppropriate clinical n	ed requires the Department to nanagement that could be a answer the following questions:
1.	Has the veteran ever suffe	red from ()?	
	No - Please sign theYes	form and return it	to the Department	
2.	Was the veteran ever unab position)?	ole to obtain approp	oriate clinical manaş	gement for (insert claimed
	No - Please sign the Yes	form and return it	to the Department	
3.	Did this inability to obtain of (al management con	tribute to a permanent worsening
	No - Please sign theYes	form and return it	to the Department	
4.	When did this inability to	obtain appropriate	clinical managemen	nt occur?
				/ /
5.	What do you believe to ha management for (of the inability to ob	otain appropriate clinical

_			ding advice:

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