

Medical Report - Appropriate Clinical Management

(insert claimed position)

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

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

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 (insert claimed position). Would you please answer the following questions:

**1.** Has the veteran ever suffered from (insert claimed position)?

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

 **Yes**

**2.** Was the veteran ever unable to obtain appropriate clinical management for (insert claimed position)?

 **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 (insert claimed position)?

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

 **Yes**

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

|  |
| --- |
| / / |

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

|  |
| --- |
|  |
|  |

Details of Medical Practitioner providing advice:

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