

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	rname	Given Names	DVA File Number			
Rep	port Detail					
cons	sider whether there was an	inability to obtain appropriate clir	named requires the Department to nical management that could be a please answer the following questions:			
1.	Has the veteran ever suffered from (insert claimed position)?					
	No - Please sign thYes	e form and return it to the Depart	tment			
2.	Was the veteran ever una position)?	able to obtain appropriate clinical	management for (insert claimed			
	□ No - Please sign th □ Yes	e form and return it to the Depart	tment			
3.	Did this inability to obtain appropriate clinical management contribute to a permanent worsening of (insert claimed position)?					
	No - Please sign thYes	e form and return it to the Depart	tment			
4.	When did this inability to	o obtain appropriate clinical mana	gement occur?			
			/ /			
5.	What do you believe to h management for (insert c	ave been the cause of the inability laimed position)?	y to obtain appropriate clinical			

_			ding advice:

Folio: