



Australian Government

Department of Veterans' Affairs

## Medical Report - Trauma to a Joint Osteoarthritis

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 leads the Department to consider whether a trauma to a joint could be a factor in the development of osteoarthritis in this case. Would you please answer the following questions:

1. When was the clinical onset of (insert claimed condition)?...../...../.....

2. Has the veteran had a trauma to the joint affected by osteoarthritis?

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

**Yes**

3. When did the trauma occur?

  

4. How did the trauma occur? Did it occur as a consequence of a medical or surgical condition? (eg, a fall occurring as a result of a transient ischaemic attack.) If so, what was the condition?

  

5. Did the trauma to the joint result in symptoms, within 24 hours, of pain, tenderness and altered mobility or range of movement?

**No**

**Yes** – How long did these symptoms last?

6. Was any treatment provided for this trauma?

- No
- Yes – Please give details including the nature of the treatment provided and when the treatment commenced.


7. Did the (insert claimed condition) permanently worsen? **Note:** For the purposes of the *Veterans' Entitlements Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural progression. It excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.

- No
- Yes – Please provide details of any trauma involved in the permanent worsening, including date of worsening


...../...../.....

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***Details of Medical Practitioner providing advice:***

**Stamp**

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**Signature**

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