

**Medical Report - Drug Treatment as a cause of Hypertension**

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 treatment with a drug could be relevant to the development of hypertension in this case. Would you please answer the following questions:

1. When was hypertension first diagnosed?………./………./……….

*The Repatriation Medical Authority has defined hypertension as:*

*permanently elevated blood pressure, evidenced by:*

*(i) a usual blood pressure reading where the systolic reading is greater than or equal to 140 mmHg or where the diastolic reading is greater than or equal to 90 mmHg; or*

*(ii) the regular administration of antihypertensive therapy to reduce blood pressure,*

*This definition excludes temporary elevations in blood pressure from conditions such as acute renal failure, neurogenic hypertension, eclampsia, pre-eclampsia or medications.*

2. Has the veteran ever been treated with a drug which caused an increase in the blood pressure?

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

 **Yes**

3. Was this drug treatment ever stopped or replaced by some other therapy?

 **Yes -** *Please sign the form and return it to the Department*

 **No** - Why was the drug treatment continued if it caused an increase in blood pressure?

|  |
| --- |
|  |
|  |

4. Please provide details of this drug treatment:

|  |  |  |
| --- | --- | --- |
| **Medication Used** | **Condition treated** | **Date Commenced** |
|  |  |  / /  |
|  |  |  / /  |
|  |  |  / /  |

5. Did the hypertension 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, including date of worsening

|  |
| --- |
|  |
| ………./………./………. |

Details of Medical Practitioner providing advice:

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