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Medical Report - Potential Source of Cerebral Embolus

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 potential source of cerebral embolus could be relevant to the development of (insert claimed position) in this case. Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?………./………./……….

2. If any of the following conditions apply to the veteran, please provide the requested details.

|  |  |  |  |
| --- | --- | --- | --- |
| Thrombus formation within: | | Date of onset | Date of remission or cure *(if appropriate)* |
|  | Pulmonary vein | / / | / / |
|  | Left atrium | / / | / / |
|  | Left ventricle | / / | / / |
|  | Arteries supplying the area of the brain affected by the CVA | / / | / / |

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| --- | --- | --- | --- |
| Any of the following forms of arrhythmia: | | Date of onset | Date of remission or cure *(if appropriate)* |
|  | Atrial fibrillation [intermittent or sustained] | / / | / / |
|  | Sick sinus syndrome | / / | / / |

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| Any of the following mitral or aortic valve disorders: | | Date of onset | Date of remission or cure *(if appropriate)* |
|  | Stenosis | / / | / / |
|  | Regurgitation | / / | / / |
|  | Calcification | / / | / / |
|  | Valvulitis | / / | / / |
|  | Prosthetic valve | / / | / / |
|  | Mitral valve prolapse | / / | / / |
|  | Lambl's excrescences | / / | / / |

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| Any of the following postinfarction states | | Date of onset | Date of remission or cure *(if appropriate)* |
|  | Acute myocardial infarction | / / | / / |
|  | Left ventricular aneurysm | / / | / / |
|  | Left ventricular dyskinesia | / / | / / |

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| --- | --- | --- | --- |
|  | | Date of onset | Date of remission or cure *(if appropriate)* |
|  | Cardiomyopathy | / / | / / |

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| --- | --- | --- | --- |
|  | | Date of onset | Date of remission or cure *(*if *appropriate)* |
|  | Left atrial aneurysm or dilatation | / / | / / |

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| Any of the following means of paradoxical embolism: | | Date of onset | Date of remission or cure (if appropriate) |
|  | Atrial septal defect | / / | / / |
|  | Patent foramen ovale | / / | / / |
|  | Ventricular septal defect | / / | / / |
|  | Pulmonary arteriovenous fistula | / / | / / |

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| --- | --- | --- | --- |
|  | | Date of onset | Date of remission or cure (if appropriate) |
|  | Infective or non-infective [marantic] endocarditis | / / | / / |

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| Any of the following causes of cerebral arterial embolism: | | Date of onset | Date of remission or cure (if appropriate) |
|  | Primary cardiac tumours or secondary cardiac tumours | / / | / / |
|  | Primary lung tumours or secondary lung tumours | / / | / / |
|  | Cardiac hydatid cysts | / / | / / |
|  | Decompression sickness | / / | / / |
|  | Foreign body penetration into an artery within the head, neck or chest | / / | / / |
|  | Pulmonary barotrauma | / / | / / |
|  | Severe bone trauma | / / | / / |

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| --- | --- | --- | --- |
| Any of the following surgical procedures: | | Date undertaken | Condition treated |
|  | Cardiac surgery or cardiac catheterisation | / / |  |
|  | Orthopaedic surgery | / / |  |
|  | Surgery or medical procedures involving the pulmonary veins | / / |  |
|  | Surgery involving, catheterisation of, or injection into the arteries supplying the area of the brain affected by the CVA | / / |  |

Details of Medical Practitioner providing advice:

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