



Australian Government

Department of Veterans' Affairs

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:

- When was the clinical onset of (_____)?...../...../.....
- 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)
<input type="checkbox"/> Pulmonary vein	/ /	/ /
<input type="checkbox"/> Left atrium	/ /	/ /
<input type="checkbox"/> Left ventricle	/ /	/ /
<input type="checkbox"/> Arteries supplying the area of the brain affected by the CVA	/ /	/ /

Any of the following forms of arrhythmia:	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Atrial fibrillation [intermittent or sustained]	/ /	/ /
<input type="checkbox"/> Sick sinus syndrome	/ /	/ /

Any of the following mitral or aortic valve disorders:	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Stenosis	/ /	/ /
<input type="checkbox"/> Regurgitation	/ /	/ /
<input type="checkbox"/> Calcification	/ /	/ /
<input type="checkbox"/> Valvulitis	/ /	/ /
<input type="checkbox"/> Prosthetic valve	/ /	/ /
<input type="checkbox"/> Mitral valve prolapse	/ /	/ /
<input type="checkbox"/> Lambl's excrescences	/ /	/ /

Any of the following postinfarction states	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Acute myocardial infarction	/ /	/ /
<input type="checkbox"/> Left ventricular aneurysm	/ /	/ /
<input type="checkbox"/> Left ventricular dyskinesia	/ /	/ /

	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Cardiomyopathy	/ /	/ /

	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Left atrial aneurysm or dilatation	/ /	/ /

Any of the following means of paradoxical embolism:	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Atrial septal defect	/ /	/ /
<input type="checkbox"/> Patent foramen ovale	/ /	/ /
<input type="checkbox"/> Ventricular septal defect	/ /	/ /
<input type="checkbox"/> Pulmonary arteriovenous fistula	/ /	/ /

	Date of onset	Date of remission or cure (if appropriate)
<input type="checkbox"/> Infective or non-infective [marantic] endocarditis	/ /	/ /

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

Any of the following surgical procedures:	Date undertaken	Condition treated
<input type="checkbox"/> Cardiac surgery or cardiac catheterisation	/ /	
<input type="checkbox"/> Orthopaedic surgery	/ /	
<input type="checkbox"/> Surgery or medical procedures involving the pulmonary veins	/ /	
<input type="checkbox"/> 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:

Stamp

Signature