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Medical Report - Haematological Disorder Associated with a Hypercoagulable State

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 haematological disorder that is also associated with a hypercoagulable state 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Condition | | **Diagnosis (if appropriate)** | **Date of onset** | **Date of remission or cure *(if appropriate)*** |  |
|  | Antiphospholipid antibody syndrome |  | / / | / / |
|  | Disseminated intravascular coagulation |  | / / | / / |
|  | Heparin-induced thrombocytopenia and thrombosis |  | / / | / / |
|  | Hyperproteinaemia |  | / / | / / |
|  | Hyperviscosity syndrome |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Condition | | **Diagnosis (if appropriate)** | **Date of onset** | **Date of remission or cure *(if appropriate)*** |  |
|  | Inherited coagulation protein disorders associated with hypercoagulability |  | / / | / / |  |
|  | Myeloproliferative disease |  | / / | / / |  |
|  | Primary or secondary polycythaemia |  | / / | / / |  |
|  | Primary or secondary thrombocytosis |  | / / | / / |
|  | Sickle cell disease or sickle cell trait |  | / / | / / |
|  | Thrombotic thrombocytopaenic purpura |  | / / | / / |

Details of Medical Practitioner providing advice:

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