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Medical Report - Cervical Intervertebral Disc Prolapse

Cervical Spondylosis

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 cervical intervertebral disc prolapse could be a factor in the development of cervical spondylosis in this case. Would you please provide the following information:

1. When was the clinical onset of cervical spondylosis?………./………./……….

2. Has the veteran had a cervical intervertebral disc prolapse at any time?

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

 **Yes**

3. What levels of the cervical spine (C1-C7) are affected by spondylosis?

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Spondylosis present** | **Date of onset** | **Date of permanent worsening \*(if applicable)** |
| C1 |  | / / | / / |
| C2 |  | / / | / / |
| C3 |  | / / | / / |
| C4 |  | / / | / / |
| C5 |  | / / | / / |
| C6 |  | / / | / / |
| C7 |  | / / | / / |

\* **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.

4. At what levels of the cervical spine has intervertebral disc prolapse occurred?

|  |  |  |
| --- | --- | --- |
| **Level of disc prolapse** | **Date of disc prolapse** | **Cause of prolapse if known** |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |

Details of Medical Practitioner providing advice:

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