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Medical Report - Increased Intra-Abdominal Pressure due to Coughing or Sneezing

Inguinal Hernia

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 abovenamed leads the Department to consider whether increased intra-abdominal pressure as a result of coughing or sneezing could be relevant to the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

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

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|  **/ /** |

2. Did the veteran experience an increased intra-abdominal pressure due to coughing or sneezing within the 30 days immediately before the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

 **No**

 **Yes -** *When did the coughing or sneezing occur?*

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| --- |
|  **/ /** |

3. What was the underlying cause of this coughing or sneezing?

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4. Did (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlement 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 -** *Please sign the form and return it to the Department.*

 **Yes** - *When did this occur?*

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| --- |
|  **/ /** |

5. Did the veteran experience increased intra-abdominal pressure due to coughing or sneezing within the 30 days immediately before the clinical worsening of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

 **No**

 **Yes -** *When did the coughing or sneezing occur?*

|  |
| --- |
|  **/ /** |

6. What was the underlying cause of this coughing or sneezing?

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|  |

Details of Medical Practitioner providing advice:

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