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Medical Report - Increased Intra-Abdominal Pressure due to a Medical Condition

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 above named leads the Department to consider whether increased intra-abdominal pressure due to a medical condition 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 (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

2. Please mark and indicate the date of onset if the veteran has ever experienced any of the following conditions or treatments. Please give the diagnosis of the underlying disease process. Where appropriate, indicate any dates of remission or cure for the conditions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Condition** | **Date of onset** | **Date of remission or cure (if appropriate)** | **Diagnosis of causal disease** |
|  | Ascites | / / | / / |  |
|  | Pneumoperitoneum | / / | / / |  |
|  | Chronic ambulatory peritoneal dialysis | / / | / / |  |
|  | Extensive intra-abdominal neoplastic disease | / / | / / |  |
|  | Straining during micturition due to bladder outlet or urethral obstruction | / / | / / |  |

3. 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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| --- |
|  **/ /** |

Details of Medical Practitioner providing advice:

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