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Medical Report - Acute Hypotensive Episode

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 requires the Department to consider whether an acute hypotensive episode**\*** could be a factor in the development of (insert claimed position) in this case. **\*Note:** The Repatriation Medical Authority (RMA) defines such an episode to mean 'a sudden drop in blood pressure of a sufficient degree to cause cerebral hypoperfusion'. Would you please answer the following questions:

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

2. Did the veteran experience an acute hypotensive episode, as defined by the RMA, within the 24 hours before the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

 **Yes**

3. What was the cause of this acute hypotensive episode?

|  |  |
| --- | --- |
| **Diagnosis** | **Date of onset** |
|  | / / |
|  | / / |
|  | / / |

Details of Medical Practitioner providing advice:

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