Folio:



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: When was the clinical onset of ()?...../...... 1. Did the veteran experience an acute hypotensive episode, as defined by the RMA, within the 24 2. hours before the clinical onset of ()? **No** - *Please sign the form and return it to the Department* What was the cause of this acute hypotensive episode? 3. **Diagnosis** Date of onset Details of Medical Practitioner providing advice: **Stamp** Signature