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Medical Report – Treatment With A Drug Causing Hyperglycaemia

Diabetes Mellitus

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 treatment with a drug could be relevant to the development of diabetes mellitus in this case. Would you please answer the following questions:

1. When was the clinical onset of diabetes mellitus?………./………./……….

2. Has the veteran ever been treated with a drug which caused hyperglycaemia?

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

 **Yes**

3. Was this drug treatment ever stopped or replaced by some other therapy?

 **Yes** - *Please sign the form and return it to the Department*

 **No -** Why was the drug treatment continued if it caused hyperglycaemia?

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| --- |
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4. Please provide details of this drug treatment:

|  |  |  |
| --- | --- | --- |
| **Medication Used** | **Condition treated** | **Date Commenced** |
|  |  | / / |
|  |  | / / |
|  |  | / / |

5. Did the diabetes mellitus permanently worsen? **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.

 **No**

 **Yes** – Please provide details, including date of worsening

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|  |
| ………./………./………. |

Details of Medical Practitioner providing advice:

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