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Medical Report - Smooth Muscle Relaxant Drugs

Gastro-Oesophageal Reflux Disease

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 smooth muscle relaxant drug could be relevant to the development of gastro-oesophageal reflux disease in this case. Would you please answer the following questions:

1. When was the clinical onset of gastro-oesophageal reflux disease?………./………./……….

2. Has the veteran ever been treated with a smooth muscle relaxant drug? ***(The Repatriation Medical Authority has defined a smooth muscle relaxant drug as "an anti-cholinergic drug, a beta-adrenergic drug, a nitrate drug, or a calcium channel blocker drug, theophylline, or aminophylline".)***

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

 **Yes**

3. Was this treatment with a smooth muscle relaxant drug ever stopped or replaced by some other therapy?

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

 **No -** Please provide details of the drug treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Medication Used*** | ***Condition treated*** | ***Date Treatment Commenced*** | ***Could this drug be ceased or substituted?*** |
|  |  | / / |  **Yes**   **No** |
|  |  | / / |  **Yes**   **No** |

4. Did the gastro-oesophageal reflux disease 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** |
|  |  |  |
|  |  |  |
|  |  | **/ /** |