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**Medical Report - Treatment with Oral, Topical**

**or Inhalational Corticosteroids**

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 abovenamed leads the Department to consider whether treatment with oral, topical or inhalational corticosteroids could be relevant to the development of {+SubstituteClaimedCondition,I} in this case. Would you please answer the following questions:

1. When was the clinical onset of {+SubstituteClaimedCondition,I}? Please be as specific as possible.

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2. Please provide details of any treatment with the following types of corticosteroids?

**Oral corticosteroids**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Used** | **Condition Treated** | **Date Commenced** | **Date Finished** | **Dosage** |
|  |  |  |  |  |
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**Topical corticosteroids applied to the cornea**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Used** | **Condition Treated** | **Left or Right Cornea** | **Date Commenced** | **Date Finished** | **Dosage** |
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**Topical corticosteroids applied to the skin**

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| --- | --- | --- | --- | --- |
| **Medication Used** | **Condition Treated** | **Date Commenced** | **Date Finished** | **Dosage** |
|  |  |  |  |  |
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**Inhalational corticosteroids**

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| --- | --- | --- | --- | --- |
| **Medication Used** | **Condition Treated** | **Date Commenced** | **Date Finished** | **Dosage** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

{If worsening}

3. Did the {+SubstituteClaimedCondition,I} 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 and what do you believe to have been the cause of the worsening?*

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{EndIf worsening}

Details of Medical Practitioner providing advice:

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