



Australian Government
Department of Veterans' Affairs

Medical Report - Amiodarone Therapy

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 amiodarone therapy could be relevant to the development of the claimed condition in this case. Would you please answer the following questions:

1. Does the veteran have an anterior subcapsular cataract?

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

☐ **Yes** - Please specify eye below

☐ Left eye

☐ Right eye

2. When was the clinical onset of the anterior subcapsular cataract? Please be as specific as possible.

3. Please provide details of any amiodarone therapy:

Medication Used	Condition Treated	Date Commenced	Date Finished	Number of days amiodarone therapy was received

4. Did the claimed condition 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?

Details of Medical Practitioner providing advice:

Stamp

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Signature

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