



**Australian Government**

**Department of Veterans' Affairs**

## Medical Report - Non-Steroidal Anti-Inflammatory Drugs and/or Doxycycline 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 non-steroidal anti-inflammatory drugs (NSAIDs) or doxycycline could be relevant to the permanent worsening 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. 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** - Please sign the form and return it to the Department
- Yes** - Please provide details, including date(s) of permanent worsening

...../...../.....
-------------------

3. At the time of the clinical worsening of gastro-oesophageal reflux disease, was the veteran being treated with non-steroidal anti-inflammatory drugs (NSAIDs)?

- No** - Please go to Question 4
- Yes** - Please provide details in the following table:

Name of NSAID treatment	Date treatment began	Date treatment ended (if appropriate)	Condition for which the NSAID was prescribed	Reason the NSAID could not be ceased or substituted
	...../...../.....	...../...../.....		
	...../...../.....	...../...../.....		
	...../...../.....	...../...../.....		

4. At the time of the clinical worsening of gastro-oesophageal reflux disease, was the veteran being treated with doxycycline?

- No** - Please sign the form and return it to the department
- Yes** - Please provide details in the following table:

Date doxycycline treatment commenced	Date doxycycline treatment ended	Condition for which doxycycline was taken	Reason doxycycline could not be ceased or substituted (eg taken as an antimalarial)
...../...../.....	...../...../.....		
...../...../.....	...../...../.....		
...../...../.....	...../...../.....		

**Details of Medical Practitioner providing advice:**

**Stamp**

**Signature**

/ /