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Medical Report - Obesity

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 obesity 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}?

………./………./……….

2. Does the veteran have a history of obesity? (*Obesity is considered by the Repatriation Medical Authority to be present when the Body Mass Index (BMI) is 30 or greater. BMI = W/H2 where W is weight in kilograms and H is height in metres.*)

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

 **Yes –** Please give details of the veteran's height, weight and/or BMI in the table below. Please include details when BMI went into and out of the ranges 30-35 and 35-40 and include details of any known causes of the veteran's obesity as well as treatment provided for obesity. Attach separate pages if there is insufficient room in the table ***overleaf***.

**Record of weights/BMI:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Height** | **Weight** | **BMI** | **Cause(s) of obesity** | **Treatment prescribed** |
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Details of Medical Practitioner providing advice:

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