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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** | |
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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 the claimed condition in this case. Would you please answer the following questions:

1. When was the clinical onset of the claimed condition?

………./………./……….

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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|  |  | **/ /** |