



Australian Government

Department of Veterans' Affairs

## Medical Report – Drugs Treatment 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 drugs reported to have caused acute erosive oesophagitis 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

...../...../.....

4. Was the veteran being treated with a drug reported in the peer-reviewed medical or scientific literature as having caused acute erosive oesophagitis, for a condition for which the drug cannot be ceased or substituted, at the time of the permanent worsening of gastro-oesophageal reflux disease?

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

**Yes** - Please provide details of the drug treatment in the following table.

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

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***Details of Medical Practitioner providing advice:***

**Stamp**

**Signature**