

Eradication of Helicobacter pylori

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 eradication of Helicobacter pylori could be a factor in the development or worsening of gastro-oesophageal reflux disease. Would you please answer the following questions:

- 1. When was the clinical onset of gastro-oesophageal reflux disease?...../..../...../
- Has the veteran ever had chronic gastritis of the stomach body? 2.
 - **No** *Please sign the form and return it to the Department*
- Yes Please provide details, including date of onset

//
· · · · · · · · · / · · · · · · · · / · · · · · · · · /

- 3. Has the veteran ever been tested for infection with Helicobacter pylori?

- **No** *Please sign the form and return it to the Department*
- Yes Please provide results (attach additional results if insufficient space):

Date of Test	/	/	Result:
Date of Test	/	/	Result:
Date of Test	/	/	Result:

4. Has the veteran ever received treatment for the eradication of *Helicobacter pylori*?



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

Yes - Please provide details:

Date of Treatment	/	/	Comment:	
Date of Treatment	/	/	Comment:	
Date of Treatment	/	/	Comment:	

5. What was the condition for which the eradication of *Helicobacter pylori* was given and was the eradication of *Helicobacter pylori* successful?

No
Ye

Yes – Please provide details of the evidence for eradication.

- 6. 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 of worsening

Details of Medical Practitioner providing advice: Stamp

Signature

1 ,