



**Australian Government**  
**Department of Veterans' Affairs**

## **Medical Report – Increased Intra-Abdominal Pressure due to Straining at Stool Inguinal Hernia**

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 increased intra-abdominal pressure due straining at stool due to constipation or diarrhoea could be relevant to the development of (insert claimed position) in this case. Would you please answer the following questions:

1. When was the clinical onset of (insert claimed position)?

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2. Did the veteran experience an increased intra-abdominal pressure due to straining at stool due to constipation or diarrhoea within the 30 days immediately before the clinical onset of (insert claimed position)?

☐ **No**

☐ **Yes - When did the straining at stool occur?**

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3. What was the underlying cause of this constipation and/or diarrhoea?


4. Did (insert claimed position) permanently worsen? **Note:** For the purposes of the *Veterans' Entitlement 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** - When did this occur?

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5. Did the veteran experience increased intra-abdominal pressure due to straining at stool due to constipation or diarrhoea within the 30 days immediately before the clinical worsening of (insert claimed position)?

☐ **No**

☐ **Yes** - When did the straining at stool occur?

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6. What was the underlying cause of this constipation and/or diarrhoea?


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

**Stamp**

**Signature**

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