



Australian Government

Department of Veterans' Affairs

## Medical Report – Specified Neurological Disorder Erectile Dysfunction

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 requires the Department to consider either a lesion to the temporal lobe **or** compression, neoplasm, infection or inflammation of the brain, spinal cord, thoracolumbar nerve roots or cauda equina as a factor in this case. Would you please answer the following questions:

- Has the veteran ever had a lesion to the temporal lobe **or** compression, neoplasm, infection or inflammation of the brain, spinal cord, thoracolumbar nerve roots or cauda equina?
  - No** - Please sign the form and return it to the Department
  - Yes**
- Please provide details of the condition and indicate the dates of onset and remission (if any):

Condition	Diagnosis	Date of onset	Date of remission (if any)
A lesion of the temporal lobe <input type="checkbox"/>		/ /	/ /
Compression, neoplasm, infection or inflammation of the brain, spinal cord, thoracolumbar nerve roots or cauda equina <input type="checkbox"/>		/ /	/ /

### Details of Medical Practitioner providing advice:

Stamp

Signature

