

Medical Report – Dialysis-Related Amyloidosis

Rotator Cuff Syndrome

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 whether dialysis-related amyloidosis may be a factor in causing (or aggravating pre-existing) rotator cuff syndrome in this case.

**Note:** The Repatriation Medical Authority (RMA) defines dialysis-related amyloidosis to mean **‘beta2-microglobulin amyloidosis secondary to long-term haemodialysis or continuous ambulatory peritoneal dialysis’**.

Would you please answer the following questions?

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

2. Does the veteran have dialysis-related amyloidosis, as defined by the RMA?

 **No** – *Please sign the form and return it to the Department*

 **Yes** – Please provide details, including date of clinical onset of the amyloidosis

|  |
| --- |
| ………./………./………. |
|  |
|  |
|  |

3. What was the underlying condition leading to the dialysis, ie the cause of the chronic renal failure? Please provide details, including date of onset of the underlying condition.

|  |
| --- |
| ………./………./………. |
|  |
|  |
|  |

Details of Medical Practitioner providing advice:

|  |  |  |
| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  **/ /** |