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Medical Report - A Disease of the Cerebral Vessels

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 a specified disease of the cerebral vessels could be relevant to the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?………./………./……….

2. Please indicate in the table below if the veteran has ever had any the following diseases:

|  |  |
| --- | --- |
| **Disease** | **Date of onset** |
|  Cerebral amyloid angiopathy |  |
|  Cerebral venous thrombosis |  |
|  Intravascular lymphomatosis affecting the cerebral vessels |  |
|  Moyamoya disease/syndrome |  |
|  Sneddon's syndrome |  |

3. If the veteran had cerebral venous thrombosis, please indicate the underlying cause:

|  |
| --- |
|  |

Details of Medical Practitioner providing advice:

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