

Medical Report - Serotonergic Drugs

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.

Surname	Given Names	DVA File Number

A claim for service related compensation in respect of the above named leads the Department to consider whether taking serotonergic drugs could be a factor in the development of (______) in this case.

- 1. When was the clinical onset of (______)?...../..../...../...../
- 2. Was the veteran taking multiple serotonergic drugs, simultaneously or within the recommended washout period of one of these drugs, **or** did the veteran take an overdose of an individual serotonergic drug, within the 24 hours before the clinical onset of (______)?



 \mathbf{No} - Please sign the form and return it to the Department

Yes – Please provide details below

 Serotonergic drug	Dose taken	From	То	Underlying medical condition
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

3. Would you like to provide further comment or opinion about the relationship between the serotonergic drug/s and the onset of (______)?

]	

No

Yes - *Please provide details below*

Details of Medical Practitioner providing advice: Stamp

Signature

/ /