

Medical Report - Cerebral Vasospasm

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 cerebral vasospasm 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. Is there a history of having cerebral vasospasm at the time of the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

 **Yes**

3. What was the cause of cerebral vasospasm at this time?

|  |
| --- |
|  |
|  |
|  |

**Please attach copies of any relevant specialist reports or test results.**

Details of Medical Practitioner providing advice:

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