



Australian Government

Department of Veterans' Affairs

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