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Medical Report - Obstruction of an Artery

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 having an obstruction of a specified artery 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. Has the veteran has ever had an obstruction of an artery listed below due to pressure from an extra-arterial source?

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

 **Yes –** Please provide details in the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Artery obstructed** | **Date of onset** | **Extra-arterial source** | **Date of remission** |
|  vertebral  |  |  |  |
|  common carotid |  |  |  |
|  internal carotid |  |  |  |
|  cerebral |  |  |  |

Details of Medical Practitioner providing advice:

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