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Medical Report - Ingesting Tyramine while having a Residue of MAOI 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.

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 ingesting tyramine while having a residue of MAOI drugs could be relevant to the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Please answer the following questions:

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

2. Has the veteran ever been prescribed a monoamine oxidase inhibitor (MAOI) drug?

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

 **Yes** - Please provide details of treatment below.

|  |  |  |
| --- | --- | --- |
| **Prescribed MAOI** | **Diagnosis (condition treated)** | **Dates of treatment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3. Did the veteran ingest **either** tyramine-rich food **or** sympathomimetic drugs or agents containing tyramine during the 24 hours before onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

 **Yes** - Please answer the following questions.

4. Please provide details of any tyramine-rich food consumed during the 24 hours before onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

|  |  |
| --- | --- |
| **Tyramine-rich food consumed** | **Circumstances of consumption** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

5. Please provide details of any treatment with sympathomimetic drugs or agents containing tyramine during the 24 hours before onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

|  |  |  |
| --- | --- | --- |
| **Name of medication/s containing tyramine** | **Diagnosis (condition treated)** | **Circumstances of treatment** |
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|  |  |  |
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|  |  |  |

Details of Medical Practitioner providing advice:

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