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Medical Report - A Systemic Arthritic Disease

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 a systemic arthritic disease could be relevant to the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case.

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

2. Has the veteran ever suffered from **a** **systemic arthritic disease specified in the following two tables**?

 **No**

 **Yes –** Please provide details:

|  |  |
| --- | --- |
| **Systemic arthritic disease**  | **Date of onset** |
|  ankylosing spondylitis |  |
|  Behcet syndrome |  |
|  enteropathic spondyloarthropathy |  |
|  psoriatic arthropathy |  |
|  rheumatoid arthritis |  |
|  undifferentiated spondyloarthropathy |  |

|  |  |  |
| --- | --- | --- |
| **Systemic arthritic disease** | **Diagnosis** | **Date of onset**  |
|  crystal-induced arthropathy |  |  |
|  reactive arthropathy |  |  |

3. Did the (insert claimed position) permanently worsen at any time? **Note:** For the purposes of the *Veterans’ Entitlements Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural progression. It excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.

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

 **Yes** – Please provide details, including date of worsening

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|  / / |

Details of Medical Practitioner providing advice:

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