



**Australian Government**

**Department of Veterans' Affairs**

## **Medical Report – Use of Amphetamines or Amphetamine-like Compounds Ischaemic Heart 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 use of amphetamines or amphetamine-like compounds could be relevant to the development of ischaemic heart disease in this case. The Repatriation Medical Authority has specified these drugs to be:

- 3,4-methylenedioxymethamphetamine (ecstasy);
- dextroamphetamine;
- ephedrine;
- methamphetamine;
- methylphenidate (Ritalin);
- phendimetrazine;
- phentermine;
- phenylpropanolamine; or
- pseudoephedrine.

Would you please answer the following questions:

1. When was the clinical onset of ischaemic heart disease?...../...../.....
2. Did the veteran use one or more of the drugs specified above within the 24 hours before the clinical onset of ischaemic heart disease?

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

3. Please identify the drug involved, when it was taken and the reasons for its use at that time:


4. Did the ischaemic heart disease 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


5. Did the veteran use one or more of the drugs specified above within the 24 hours before the permanent worsening of ischaemic heart disease?

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

6. Please identify the drug involved, when it was taken and the reasons for its use at that time:


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***Details of Medical Practitioner providing advice:***

**Stamp**

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**Signature**

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