



Australian Government

Department of Veterans' Affairs

Medical Report – Treatment with NSAIDs (excluding Aspirin) 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 abovenamed leads the Department to consider whether using a drug belonging to the nonsteroidal anti-inflammatory class of drugs, excluding aspirin, could be a factor in the development of ischaemic heart disease. Would you please answer the following questions:

1. When was the clinical onset of ischaemic heart disease?...../...../.....
2. Did the veteran use any NSAID, excluding aspirin, within the 7 days immediately before the clinical onset of ischaemic heart disease?

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

Yes - Name of drug(s):

3. Did the veteran use this drug or any other NSAID, excluding aspirin, for a continuous period of at least 7 days before the onset of ischaemic heart disease?

- No** - Please sign the form and return it to the Department **Yes** - Please provide the following details regarding this drug:

Name of NSAID	Treatment Period	How often was the drug used e.g. everyday	Condition treated
	/ / to / /		
	/ / to / /		
	/ / to / /		

4. Did the ischaemic heart disease become permanently worse 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 indicate the date (Please be as specific as possible).

5. Were any NSAIDs (excluding aspirin) used within the 7 days immediately before the permanent worsening of ischaemic heart disease?

- No** - Please sign the form and return it to the Department
 Yes - Name of drug(s):

6. Was this drug, or any other NSAID (excluding aspirin), used for a continuous period of at least 7 days before the permanent worsening of ischaemic heart disease?

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

Yes - Please provide the following details regarding this drug:

Name of drug	Period using this drug	How often was this drug used e.g. everyday	Condition for which this drug was used or taken
	/ / to / /		
	/ / to / /		
	/ / to / /		

Details of Medical Practitioner providing advice:

Stamp

Signature

/ /