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Medical Report - A Condition That Can Contribute To Osteoarthritis

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 any of the following conditions could be a factor in this case.

1. When was the clinical onset of (insert claimed condition)?………./………./……….

2. Did the veteran have any of the listed conditions before the clinical onset of (insert claimed condition)?

 **No**

 **Yes -** *Please tick the relevant condition and provide further details:*

|  |  |  |
| --- | --- | --- |
|  | **Condition** | **Date of onset** |
|  | Rheumatoid arthritis |  / /  |
|  | Reactive arthritis |  / /  |
|  | Psoriatic arthropathy |  / /  |
|  | Ankylosing spondylitis |  / /  |
|  | Arthritis associated with Crohn's disease |  / /  |
|  | Arthritis associated with ulcerative colitis |  / /  |
|  | Haemarthrosis |  / /  |
|  | Frostbite |  / /  |
|  | Paget's disease of bone |  / /  |
|  | Gout |  / /  |
|  | Calcium pyrophosphate dehydrate deposition (pseudogout) |  / /  |
|  | Haemochromatosis |  / /  |
|  | Wilson's disease |  / /  |
|  | Alkaptonuria (ochronosis) |  / /  |

1. Did the veteran ever have an infection in the joint affected by osteoarthritis?

*An infection of the affected joint is specified to mean 'the bacterial infection of a joint resulting in inflammation within that joint or infection of a joint by a virus, fungus or parasite resulting in inflammation and destruction of articular cartilage within that joint'.*

 **No**

 **Yes** – Please provide details of the infection

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4. Did (insert claimed condition) permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlement 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 of the permanent worsening, including the date of worsening.

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5. Did the veteran have any of the listed conditions at the time of the permanent worsening of (insert claimed condition)?

 **No**

* **Yes -** *Please tick the relevant condition and provide further details:*

|  |  |  |
| --- | --- | --- |
|  | **Condition** | **Date of onset** |
|  | Rheumatoid arthritis |  / /  |
|  | Reactive arthritis |  / /  |
|  | Psoriatic arthropathy |  / /  |
|  | Ankylosing spondylitis |  / /  |
|  | Arthritis associated with Crohn's disease |  / /  |
|  | Arthritis associated with ulcerative colitis |  / /  |
|  | Haemarthrosis |  / /  |
|  | Frostbite |  / /  |
|  | Paget's disease of bone |  / /  |
|  | Gout |  / /  |
|  | Calcium pyrophosphate dehydrate deposition (pseudogout) |  / /  |
|  | Haemochromatosis |  / /  |
|  | Wilson's disease |  / /  |
|  | Alkaptonuria (ochronosis) |  / /  |

Details of Medical Practitioner providing advice:

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