



Australian Government

Department of Veterans' Affairs

Medical Report – Amputation or Asymmetric Gait

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 leg amputation or asymmetric gait could be a factor in the development of osteoarthritis in this case.

Would you please provide the following information:

1. When was the clinical onset of (insert claimed condition)?...../...../.....
2. Has the veteran had: (please tick relevant condition)
 - ☐ a leg amputation
 - ☐ an asymmetric gait
 - ☐ **No - Please sign the form and return it to the Department**
 - ☐ **Yes**
3. When did the amputation or asymmetric gait occur?

| |
|--|
| |
| |
| |
| |

4. What caused this condition?

If due to a trauma, please describe the circumstances of the injury if known.

| |
|--|
| |
| |
| |

| |
|--|
| |
| |
| |

5. Did (insert claimed condition) permanently worsen? **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**

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

| |
|-------------------|
| |
|/...../..... |

Details of Medical Practitioner providing advice:

Stamp

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|