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Claimant Report - Injury to the Shoulder

Rotator Cuff Syndrome

This form is in connection with your claim for pension and medical treatment and the information you supply 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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

1. Has there ever been a significant injury to the shoulder affected by rotator cuff syndrome?

**Note:** *A significant injury is one which causes symptoms such as pain and altered mobility within 24 hours of the injury.*

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

 **Yes** - Please describe how the injury happened. *Please be as specific as possible*

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2. When did the injury occur? *Please be as specific as possible*

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3. Please describe the symptoms evident at the time (or within 24 hours) of the injury occurring?

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4. How long did these symptoms last?

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5. Please provide details of any medical treatment received following this injury:

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| --- | --- | --- | --- |
| **Date of injury** | **Date(s) treatment received** | **Nature of treatment received (eg splinting, surgical repair)** | **Details of person who provided treatment** |
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Claimant's Signature

***You are reminded that:***

 The Declaration you signed on the claim form also covers the information you supply on this form.

 There are penalties for knowingly making false or misleading statements.

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