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Claimant Report - Trauma to the Plantar Aspect of the Foot

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

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

Report Detail

1. Have you ever experienced an **injury to the plantar aspect of the foot** that resulted in pain and tenderness, swelling or altered mobility of the affected foot within 24 hours of sustaining the injury? **Note:** The plantar aspect of the foot is the underside, or sole, of the foot*.*

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

 Yes

2. Please indicate the site of the plantar fasciitis and the date when the first symptoms were noticed. *Please be as specific as possible:*

 Left foot ……/……/……

 Right foot ……/……/……

3. Please provide details of all injuries to the plantar aspect of the foot during the **seven days** before the first symptoms of plantar fasciitis were noticed.

|  |  |  |
| --- | --- | --- |
| **Date**  | **Affected foot** | **Description and circumstances of injury** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

{If worsening}

4. Did (insert claimed position) worsen?

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

 **Yes** – Please provide details, including date of worsening:

 Left foot ……/……/……

 Right foot ……/……/……

5. Please provide details of all injuries to the plantar aspect of the foot during the **seven days** before the **worsening** of plantar fasciitis was noticed.

|  |  |  |
| --- | --- | --- |
| **Date**  | **Affected foot** | **Description and circumstances of injury** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

{EndIf worsening}

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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| --- |
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|  **/ /** |