

**Australian Government****Department of Veterans' Affairs**

Claimant Report - Injury To The Knee Chondromalacia Patella

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. When were the symptoms of (_____) first noticed? (Please be as specific as possible)

2. Has there ever been an injury to this knee or knees?

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

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Yes - If there has been more than one knee injury, please attach separate answers for each injury.

3. When did the injury occur? (Please be as specific as possible)

4. Please describe the injury and how it occurred, including the cause of the injury and the nature of the trauma suffered:

5. What symptoms followed the injury?

6. How soon after the injury did the symptoms begin?

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7. How long did the symptoms last?

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8. Was any medical treatment obtained following the injury?

- ☐ **No**
- ☐ **Yes** - Please describe the treatment including the nature of the treatment, when the treatment was provided and by whom:

If you require additional space a signed statement detailing the information may also be provided with, or in place of this questionnaire. Please also attach any other relevant additional information.

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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