



**Australian Government**

**Department of Veterans' Affairs**

## **Claimant Report - Cerebral Trauma**

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. Has there ever been a cerebral trauma (a trauma to the back of the head involving the brain ) which resulted in any of the following (please tick those that applied – if known):
  - loss of consciousness lasting at least 30 minutes or posttraumatic anterograde amnesia lasting at least 24 hours;
  - leakage of cerebrospinal fluid;
  - injury involving penetration of the dura mater;
  - seizures;
  - intracranial abnormalities (including intracranial haemorrhage; intracranial haematoma; cerebral contusion; hydrocephaly and diffuse axonal injury) or
  - a Glasgow Coma Scale score of 12 or less.
  - unsure about any of the above (*indicate Yes below and provide details*).
- No - Please sign the form and return it to the Department**



3. Please provide details of the medical treatment received following this injury:  
(include where treatment was given, any doctor's names, and indicate if hospitalisation was required)


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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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