



Australian Government

Department of Veterans' Affairs

Medical Report - Trauma to the Lumbar Spine Lumbar Spondylosis

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 abovenamed leads the Department to consider whether a trauma to the lumbar spine could be a factor in the development of lumbar spondylosis in this case. Would you please answer the following questions:

1. When was the clinical onset of lumbar spondylosis?...../...../.....
2. Has the veteran ever had a trauma to the lumbar spine?
 - No** - Please sign the form and return it to the Department
 - Yes** - When did the trauma occur?

/ /

3. How did the trauma to the lumbar spine occur? Did the trauma occur as a consequence of a medical or surgical condition? (*eg a fall occurring as a result of a transient ischaemic attack.*)
If so, what was the condition?

4. Did the trauma to the lumbar spine result in symptoms, within 24 hours, of pain, tenderness and altered mobility or range of movement of the lumbar spine?
 - No** - Please sign the form and return it to the Department
 - Yes**

5. If the trauma to the spine resulted in the symptoms specified above, how long did these symptoms last?

6. Was there any medical intervention (eg. corticosteroid injection, back brace, surgery) before the symptoms ceased?

No

Yes - When did the medical intervention occur? Please describe the treatment given:

7. Did the lumbar spondylosis 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

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Signature

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