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Medical Report - Head Trauma

Sensorineural Hearing Loss

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

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

A claim for service related compensation in respect of the abovenamed leads the Department to consider whether head trauma could be relevant to the development of sensorineural hearing loss in this case. Would you please answer the following questions:

1. Has the veteran ever had a head trauma which caused a ruptured eardrum, concussion, a perilymph fistula or a fracture of the temporal bone?

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

 **Yes -** Please give details of the nature of the injury

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2. Did the head trauma occur within the 5 years before the clinical onset of sensorineural hearing loss or within the 5 years before the permanent clinical worsening of sensorineural hearing loss?

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

 **Yes -** Please give the date of the head trauma and the date(s) of the clinical onset and/or permanent clinical worsening of sensorineural hearing loss

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| Head trauma: / / |
| Clinical onset of sensorineural hearing loss: / / |
| Permanent clinical worsening of sensorineural hearing loss: / / |

3. Please describe how the injury happened. *(If the injury occurred as a consequence of another medical condition, eg a fall because of a TIA, please identify the other medical condition)*

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Details of Medical Practitioner providing advice:

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| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
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