



Australian Government
Department of Veterans' Affairs

Medical Report - Head Injury
Cerebrovascular Accident

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 above named leads the Department to consider whether head injury could be relevant to the development of (insert claimed position) in this case. Would you please answer the following questions:

- When was the clinical onset of (_____)?...../...../.....
- Has the veteran ever had a head injury which has caused a skull fracture, concussion, loss of consciousness, post-traumatic amnesia, cerebral laceration, cerebral contusion or other intracranial injury?
 - No** - Please sign the form and return it to the Department
 - Yes** - Please provide details:

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- When did the injury occur? *(Please be as specific as possible)*

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

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Details of Medical Practitioner providing advice:

Stamp

Signature

/ /