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Medical Report - Anxiety Disorder

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 a **clinically significant anxiety disorder** could be a factor in the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). The Repatriation Medical Authority has defined a "clinically significant anxiety disorder" as **“any anxiety disorder attracting a diagnosis under DSM IV sufficient to warrant ongoing management by a psychiatrist, counsellor or General Practitioner”**.

Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

……/……/……

2. Has the veteran ever suffered from an anxiety disorder?

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

 **Yes**

3. Please provide the diagnosis, indicate the date of onset, indicate any periods when the anxiety disorder was 'clinically significant' as defined above and provide details of therapy provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis of anxiety disorder** | **Date of onset** | **Clinically significant**  **From To** | **Therapy provided and by whom** |
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Details of Medical Practitioner providing advice:

|  |  |  |
| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
|  |  |  |
|  |  |  |
|  |  | **/ /** |