



Australian Government
Department of Veterans' Affairs

Medical Report - Alcohol Consumption

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 has been lodged concerning the above named veteran. The Department must consider whether alcohol consumption could be relevant to the development of (_____) in this case. Would you please answer the following questions:

- When was the clinical onset of (_____)?...../...../.....
- Is there a history of alcohol abuse or dependence?
 - No** - Please go to the next question
 - Yes** - Please provide details:

Date of onset of alcohol abuse or dependence	Date of remission (if appropriate)	Approximate amount of alcohol consumed each week
/ /	/ /	
/ /	/ /	

- Is there a history of alcohol consumption as part of a psychiatric condition, eg post traumatic stress disorder?
 - No** - Please go to the next question
 - Yes** - Please provide details:

Name of psychiatric condition	Date of onset of alcohol consumption as a result of this psychiatric condition	Approximate amount of alcohol consumed each week
	/ /	
	/ /	

4. Is there a history of using alcohol as “self medication” for a medical condition eg to relieve chronic back pain?

- No** - Please sign the form and return it to the Department
- Yes** - Please provide details:

Name of medical condition	Date of onset of alcohol consumption as a result of this medical condition	Approximate amount of alcohol consumed each week
	/ /	
	/ /	

5. Did the (_____) 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

Signature

/ /