



**Australian Government**  
**Department of Veterans' Affairs**

## Medical Report - Trauma Spondylolisthesis and Spondylolysis

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 trauma could be relevant to the development of spondylolisthesis or spondylolysis in this case. Would you please answer the following questions.

1. When was the clinical onset of spondylolisthesis or spondylolysis ...../...../.....
2. Is there a history of a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or vertebral dislocation at the involved level?
  - No** - Please sign the form and return it to the Department
  - Yes** – Please answer the following questions
3. Please provide details of this trauma, including: the date of the trauma; the nature of the trauma; and a description of the injuries received and the treatment required.

*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 ( \_\_\_\_\_ ) 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 of any trauma involved in the permanent worsening, including date of worsening*

...../...../.....

5. Would you like to make any other comments concerning this condition?


If you have any problems completing this form you can phone the Department and discuss the matter with one of our medical officers.

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***Details of Medical Practitioner providing advice:***

**Stamp**

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**Signature**

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