



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:

1. When was the clinical onset of (_____)?...../...../.....
2. 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
/ /	/ /	
/ /	/ /	

3. 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	Date of cessation of alcohol consumption (if appropriate)	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	Date of cessation of alcohol consumption (if appropriate)	Approximate amount of alcohol consumed each week
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Details of Medical Practitioner providing advice:

Stamp

Signature

/ /