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Medical Report - Trauma to the Auditory Apparatus

Tinnitus

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 requires the Department to consider whether trauma to the auditory apparatus could be a factor in the development of tinnitus in this case. Would you please answer the following questions:

1. When was the clinical onset of tinnitus?

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2. Please forward a copy of the most recent audiogram you have.

3. Is there a history of trauma to the auditory apparatus at the time of the clinical onset of tinnitus?

*(****“trauma to the auditory apparatus”*** *means injury to the tympanic membrane, ear ossicles, cochlea or acoustic nerve caused by head trauma.)*

 **No**

 **Yes** - Please give date and describe the circumstances of the trauma

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| --- |
| **Date / /** |
|  |
|  |

{If worsening}

4. Has the tinnitus permanently worsened at any time?

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

 **Yes** - Please indicate when this happened.

5. Is there a history of trauma to the auditory apparatus at the time of the permanent worsening of tinnitus?

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

 **Yes** - Please give date and describe the circumstances of the trauma

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| --- |
| **Date / /** |
|  |
|  |

{EndIf worsening}

Details of Medical Practitioner providing advice:

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