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Medical Report - Cerebral Trauma

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

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| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

A claim for service related compensation in respect of the above named leads the Department to consider whether a specified cerebral trauma could contribute to (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

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

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2. Has there ever been a cerebral trauma with structural injury or physiological disruption of brain function (as a result of external force) accompanied by at least one of the following clinical signs immediately following the event (please tick those that applied):

 loss of consciousness lasting at least 30 minutes or posttraumatic anterograde amnesia lasting at least 24 hours;

 leakage of cerebrospinal fluid;

 injury involving penetration of the dura mater;

 seizures;

 intracranial abnormalities (including intracranial haemorrhage; intracranial haematoma; cerebral contusion; hydrocephaly and diffuse axonal injury) or

 a Glasgow Coma Scale score of 12 or less.

In this definition, external force includes blunt trauma; acceleration or deceleration forces; blast force, or a foreign body penetrating the brain.

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

 **Yes -** Please give the date of the injury and details of the nature of the injury

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3. Please describe how the injury happened. *(If the injury occurred as a consequence of another medical condition, eg a fall because of a TIA, or as a result of surgery, please identify the other medical condition)*

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Details of Medical Practitioner providing advice:

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