



Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)

This section to be filled in by the claimant

Please fill out one sheet per injury or disease for which you are now claiming liability at Question 16. **If this is a reassessment, do not complete this sheet.**

Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm).

You are requested to ask your doctor to fill in the Medical Practitioner section on the next page before lodging your claim.

Injury or disease

Signs and symptoms

How do you believe your service caused, contributed to or aggravated this injury or disease?

If insufficient space, please attach a separate sheet

When did the injury happen (if applicable)?

/ /

Has a Defence injury report been completed?

No Yes Please attach the Defence injury report. Do not know

When did you first notice signs or symptoms of the injury or disease?

/ /

On what date did you first receive medical treatment for this injury or disease?

/ /

(if known)

Name of your treating medical practitioner/hospital/specialist

For claimed conditions

Type of treatment or consultation provided (e.g. GP, specialist)

Has this injury or disease worsened or been aggravated since 1 July 2004?

No Yes

Is a medical practitioner's account attached in relation to completion of this injury or disease details sheet?

No Yes

