



Australian Government  
Department of Veterans' Affairs

## Application for Health Care for Certain Mental Health Conditions

Use this form to apply for health care if you have been diagnosed with posttraumatic stress disorder (PTSD), anxiety disorder, depressive disorder, alcohol use disorder or substance use disorder and served:

- during World War 2;
- on operational service (including warlike and non-warlike service since 1 July 2004);
- on peacekeeping service;
- on hazardous service;
- on British Nuclear Test defence service; or
- on some peacetime service since 7 December 1972 (i.e. completed 3 years Continuous Full Time Service (CFTS) or completed less than 3 years CFTS but discharged on the grounds of invalidity or physical or mental incapacity to perform duties, but were engaged to serve not less than 3 years).

DVA will use the information on this form to assess your eligibility for this treatment. If we do not have documents that prove your identity, you may have to provide them to us with this form. If you are unsure about this you should contact DVA to ask us. Contact information is provided at the end of this form. If you need to know what documents will prove your identity you should call us or go to <http://factsheets.dva.gov.au> and read Factsheet DVA06 "Proving your identity to DVA".

DEPARTMENT OF VETERANS' AFFAIRS  
MELBOURNE  
**RECEIVED**  
15 JUN 2015

### Your details (please write in BLOCK letters)

1:	Title	<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
2:	Surname	CJU				
3:	Given name(s)					
4:	Date of birth (dd/mm/yyyy)	REDACTED	REDACTED	1962		
5:	Address (including postcode)	REDACTED				POSTCODE REDACTED
6:	Postal address (if different from above)	REDACTED				POSTCODE REDACTED
7:	Contact details	Home telephone REDACTED	Work telephone REDACTED	Mobile telephone REDACTED	E-mail address REDACTED	
8:	DVA File number (if applicable)	REDACTED				
9:	Banking details	Bank name REDACTED	BSB REDACTED			
10:	Account details	Account in the name of REDACTED	Account number REDACTED			
11:	Account branch/location	REDACTED				
12:	Tax File number	REDACTED				

**Details of service in the Australian Forces**

13: Name on enlistment  
 different from name above

14: Unit or Branch of service  
 AUSTRALIAN ARMY BAND CORP / AAS

15: PMKeyS or Service number  
 REDACTED

16: Date enlisted  
 16/01/1978

17: Date discharged  
 26/01/1989

18: Place of overseas service  
 (if applicable)  
 N/A

**Details of treating Medical Practitioners**

19: Specialist's Details  
 Full name  
 DR REDACTED

Work telephone  
 REDACTED

Address  
 REDACTED

20: Local Medical Officer's Details  
 Full name  
 DR REDACTED

Work telephone  
 REDACTED

Address  
 REDACTED  
 POSTCODE REDACTED

**Declaration and Authorisation to release personal information**

I declare that I am the person named in the application and that the answers given by me are true and correct to the best of my knowledge.

I authorise the Department of Veterans' Affairs (DVA) to obtain medical and other information relevant to determining whether I am diagnosed with posttraumatic stress disorder (PTSD), anxiety disorder, depressive disorder, substance use disorder or alcohol use disorder.

I consent to the release of medical, clinical or other information by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation that is required to determine my application.

I understand that by signing this form it will mean that DVA will be able to ask any person who holds such information to disclose that information.

I understand that this form may be used to access medical records held by my Medical Practitioners.

**Privacy notice**

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Signature of veteran  
 CJU



[Redacted signature box]

Date  
 16/5/15

Diagnostic Report (To be completed by the treating Medical Practitioner)																										
<p>The above veteran may be eligible for treatment benefits at DVA expense if PTSD, anxiety disorder, depressive disorder, substance use disorder or alcohol use disorder is diagnosed regardless of a relationship between the condition and the veteran's service.</p>																										
<p><b>In terms of the Diagnostic and Statistical Manual of Mental Disorders IV and V (DSM 4 and DSM 5) criteria, does the veteran have?</b> (please tick):</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Anxiety Disorder</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">No</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%;">Yes</td> </tr> <tr> <td>Depressive Disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Posttraumatic Stress Disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Alcohol Use Disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>Substance Use Disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> </tr> </table>	Anxiety Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Depressive Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Posttraumatic Stress Disorder	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	Alcohol Use Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Substance Use Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Posttraumatic Stress Disorder	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes																						
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Substance Use Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes																						
<p>Comments</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p style="font-family: cursive;">Multiple assaults in Balcombe Army Apprentice School by "seniors" 1978. Symptoms (eg. <del>constant</del> constant) flashbacks (triggers) consistent with traumatic events. Mental state examination consistent with history.</p> </div>																										
<p><input type="checkbox"/> Provisional diagnosis (Provisional diagnosis by a GP may be appropriate in some circumstances on an interim basis). <span style="float: right;"><input checked="" type="checkbox"/> Final diagnosis (by Psychiatrist)</span></p>																										
Details of Medical Practitioner providing advice																										
<p>Provider signature</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 10px;">REDACTED</div> </div> </td> <td style="width: 30%; border-bottom: 1px solid black; padding-left: 10px;"> <p>Date</p> <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: cursive;">10/6/15</div> </td> </tr> </table>	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 10px;">REDACTED</div> </div>	<p>Date</p> <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: cursive;">10/6/15</div>																							
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<p>Provider stamp/details</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="background-color: black; color: white; padding: 5px 20px; margin-bottom: 10px;">REDACTED</div> </div>																									

To contact DVA, please address your correspondence to:  
 Department of Veterans' Affairs  
 GPO Box 9998  
 In your capital city  
 OR telephone: 133 254 or 1800 555 254 (Regional Callers)