Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Anxiety Disorder

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A child protection records (as recorded in psychiatric history) dated 1989;
- A garrison health record by the medical officer, dated 22 March 2009;
- A deployed health record and padre's report by the afghanistan, dated 17 May 2010;
- A role 3 trauma record and aeromedical evacuation record by the afghanistan, dated 28 July 2010;
- An intensive care discharge summary by the intensivist, dated 16 August 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 5 October 2010;
- A neurology consultation and EEG by the neurologist, dated 20 October 2010;
- An emergency treatment record by the medical officer, dated 18 November 2010;
- An audiology report by the audiologist, dated 24 November 2010;
- An endocrinology consultation and thyroid function tests by the endocrinologist, dated 6 December 2010;
- An infectious diseases consultation by the infectious diseases physician, dated 8 December 2010;
- A garrison health record by the medical officer, dated 10 December 2010;
- A psychiatric review by the consultant psychiatrist, dated 20 June 2011;
- A garrison health record by the medical officer, dated 12 March 2012;
- An emergency treatment record by the medical officer, dated 28 May 2012;
- A mental health unit admission record by the consultant psychiatrist, dated 18 June 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

6 July 1998 and 4 October 2013

Anxiety Disorder

You have stated that your condition was caused by:

- *experiencing a category 1A stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing severe childhood abuse before the clinical onset of generalised anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical onset of generalised anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical onset of generalised anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical onset of generalised anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety disorder*
- *having an injury which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety disorder*
- *having epilepsy at the time of the clinical onset of generalised anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical onset of generalised anxiety disorder*
- *being obese at the time of the clinical onset of generalised anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical onset of generalised anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety are directly related to the pathological process of the medical condition and not solely due to*

its psychosocial stress effects, at the time of the clinical onset of "anxiety disorder due to another medical condition"

- *taking mefloquine within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder, where substance/medication-induced anxiety disorder persists after the discontinuation or tapering of mefloquine therapy*
- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *taking a drug that cannot be ceased or substituted in the long term and which is associated in the individual with the development of anxiety symptoms during drug therapy and either: (a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the redevelopment of anxiety symptoms on rechallenge with the same drug; where the drug was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the development of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical onset of substance/medication-induced anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical onset of substance/medication-induced anxiety disorder, and if smoking has ceased before the clinical onset of substance/medication-induced anxiety disorder, then that onset occurred within 3 months of cessation*
- *for persons without a regular caffeine habit, taking at least 200 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*
- *for persons with a regular caffeine habit, taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*

Diagnosis: Anxiety Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a psychiatric review by the consultant psychiatrist, dated 20 June 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Anxiety Disorder (Balance of Probabilities) (No. 101 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a category 1A stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing severe childhood abuse before the clinical onset of generalised anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical onset of generalised anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical onset of generalised anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical onset of generalised anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety disorder*
- *having an injury which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety disorder*
- *having epilepsy at the time of the clinical onset of generalised anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical onset of generalised anxiety disorder*
- *being obese at the time of the clinical onset of generalised anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical onset of generalised anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety are directly related to the pathological process of the medical condition and not solely due to its psychosocial stress effects, at the time of the clinical onset of "anxiety disorder due to another medical condition"*
- *taking mefloquine within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder, where substance/medication-induced anxiety disorder persists after the discontinuation or tapering of mefloquine therapy*

- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *taking a drug that cannot be ceased or substituted in the long term and which is associated in the individual with the development of anxiety symptoms during drug therapy and either: (a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the redevelopment of anxiety symptoms on rechallenge with the same drug; where the drug was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the development of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical onset of substance/medication-induced anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical onset of substance/medication-induced anxiety disorder, and if smoking has ceased before the clinical onset of substance/medication-induced anxiety disorder, then that onset occurred within 3 months of cessation*
- *for persons without a regular caffeine habit, taking at least 200 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*
- *for persons with a regular caffeine habit, taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden intense apprehension with tremor, palpitations and sweating, followed by persistent, excessive and uncontrollable worry about your health, finances, relationships and future, with restlessness, irritability, muscle tension, poor concentration, fatigue and difficulty sleeping.From June 2012 the worry became constant, with daily panic attacks, avoidance of leaving the house and inability to manage daily tasks, requiring admission on 10 December 2010.

The diagnosis was made by a consultant psychiatrist on 20 June 2011 under DSM criteria, after six months of excessive and uncontrollable worry about multiple areas of life with restlessness, fatigue, impaired concentration, irritability, muscle tension and sleep disturbance, causing marked impairment, with a GAD-7 score of 12. The psychiatrist recorded that the symptoms were not explained solely by your posttraumatic stress disorder, and recorded additional

components due to thyrotoxicosis, confirmed biochemically, and to mefloquine, opioids, stimulants and caffeine. Thyroid function, cardiac assessment and EEG were reviewed to exclude other causes of the symptoms.

This has then led to further investigations and the diagnosis of your condition of *Anxiety Disorder*. I have accepted your condition of *Anxiety Disorder*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 10 December 2010.

Anxiety Disorder (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A child protection records (as recorded in psychiatric history) dated 1989;
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- A garrison health record by the medical officer, dated 12 March 2012;
- An emergency treatment record by the medical officer, dated 28 May 2012;
- A mental health unit admission record by the consultant psychiatrist, dated 18 June 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

6 July 1998 and 4 October 2013

Anxiety Disorder (Worsening)

You have stated that the worsening of your condition was caused by:

- *experiencing a category 1A stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing severe childhood abuse before the clinical worsening of anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical worsening of anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical worsening of anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical worsening of anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical worsening of anxiety disorder*
- *having an injury which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical worsening of anxiety disorder*
- *having epilepsy at the time of the clinical worsening of anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical worsening of anxiety disorder*
- *being obese at the time of the clinical worsening of anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical worsening of anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety are directly related to the pathological process of the medical condition and not solely due to its psychosocial stress effects, at the time of the clinical worsening of anxiety disorder*
- *taking mefloquine within the 24 hours before the clinical worsening of anxiety disorder, where anxiety disorder persists after the discontinuation or tapering of mefloquine therapy*
- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical worsening of anxiety disorder*
- *taking a drug that cannot be ceased or substituted in the long term and which is associated in the individual with the worsening of anxiety symptoms during drug therapy and either: (a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the worsening of anxiety symptoms on rechallenge with the same drug;*

where the drug was being taken within the 24 hours before the clinical worsening of anxiety disorder

- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the worsening of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical worsening of anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical worsening of anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical worsening of anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical worsening of anxiety disorder, and if smoking has ceased before the clinical worsening of anxiety disorder, then that worsening occurred within 3 months of cessation*
- *taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical worsening of anxiety disorder*
- *inability to obtain appropriate clinical management for anxiety disorder before the clinical worsening of anxiety disorder*

Diagnosis: Anxiety Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a psychiatric review by the consultant psychiatrist, dated 20 June 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Anxiety Disorder (Balance of Probabilities) (No. 101 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a category 1A stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing severe childhood abuse before the clinical worsening of anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of anxiety disorder*

- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical worsening of anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical worsening of anxiety disorder*
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- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical worsening of anxiety disorder, and if smoking has ceased before the clinical worsening of anxiety disorder, then that worsening occurred within 3 months of cessation*

- *taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical worsening of anxiety disorder*
- *inability to obtain appropriate clinical management for anxiety disorder before the clinical worsening of anxiety disorder*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden intense apprehension with tremor, palpitations and sweating, followed by persistent, excessive and uncontrollable worry about your health, finances, relationships and future, with restlessness, irritability, muscle tension, poor concentration, fatigue and difficulty sleeping.From June 2012 the worry became constant, with daily panic attacks, avoidance of leaving the house and inability to manage daily tasks, requiring admission on 10 December 2010.

The diagnosis was made by a consultant psychiatrist on 20 June 2011 under DSM criteria, after six months of excessive and uncontrollable worry about multiple areas of life with restlessness, fatigue, impaired concentration, irritability, muscle tension and sleep disturbance, causing marked impairment, with a GAD-7 score of 12. The psychiatrist recorded that the symptoms were not explained solely by your posttraumatic stress disorder, and recorded additional components due to thyrotoxicosis, confirmed biochemically, and to mefloquine, opioids, stimulants and caffeine. Thyroid function, cardiac assessment and EEG were reviewed to exclude other causes of the symptoms.

After the condition arose, it was worsened during your service. The blast of 28 July 2010 was within the 2 years before the worsening, from 15 June 2010 to 15 June 2012, in the course of your service. Witnessing your friend killed, recovering remains and carrying the critically injured driver on 28 July 2010 were within the 2 years before the worsening. The severe childhood abuse by your stepfather occurred before the worsening. Your brother was critically wounded by an improvised explosive device on 21 January 2012, within the 1 year before the worsening. Your friend was killed on 28 July 2010 and another close friend from your section died by suicide on 11 February 2012, both within the 2 years before the worsening. Your new partner miscarried on 19 November 2011, within the 2.5 years before the worsening. Notice of medical discharge on 12 March 2012, loss of allowances, mortgage hardship and divorce proceedings caused continuing distress within the 6 months before the worsening. Posttraumatic stress disorder under ongoing treatment was within the 5 years before the worsening. The septic shock of 16 August 2010 was within the 3 years before the worsening. The blast injuries of 28 July 2010 were within the 3 years before the worsening. Post-traumatic epilepsy, with a breakthrough seizure on 2 May 2012, was present at the worsening. Continuous lumbar and right leg pain had lasted well over 6 months at the worsening. Your BMI was 33.5 at the worsening. Non-weight-bearing after revision surgery on 14 February 2012, you could not exceed 2 METs throughout the 3 months before the worsening. Relapsed Graves thyrotoxicosis from May 2012 was directly driving your anxiety symptoms at the worsening. Mefloquine for relapsed vivax malaria was taken on 14 June 2012, within the 24 hours before the worsening, and the worsened anxiety persisted after it. You

smoked cannabis to intoxication on the night of 14 June 2012, within the 24 hours before the worsening. Levetiracetam, shown on rechallenge to worsen your anxiety and unable to be substituted, was taken within the 24 hours before the worsening. You took a double serve of the DMAA pre-workout supplement on the morning of 15 June 2012 and became agitated, within the 24 hours before the worsening. Your oxycodone dose was halved on 8 June 2012, 7 days before the worsening. Alcohol use disorder and opioid use disorder were present at the worsening. You were still smoking 20 cigarettes a day at the worsening, more than 12 pack-years. You took about 480 milligrams of caffeine in the hour before the worsening. The base psychologist position was vacant from September 2011, interrupting therapy for five months, and your trauma program referral was waitlisted for seven months before the worsening.

This has then led to further investigations and the diagnosis of your condition of *Anxiety Disorder (Worsening)*. I have accepted your condition of *Anxiety Disorder (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 June 2012.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.