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.

Attention Deficit Hyperactivity 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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A sports injury record by the medical officer, Garrison health centre, dated 3 May 2008;
- A training injury record by the medical officer, Garrison health centre, dated 19 March 2009;
- A lead health surveillance result by the occupational physician, dated 12 November 2010;
- A lead health surveillance result by the occupational physician, dated 20 January 2011;
- A trauma admission and CT brain report by Role 3 hospital, Afghanistan, dated 14 July 2011;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 18 September 2011;
- A post-operational psychological screen by the psychologist, dated 2 February 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 2 April 2012;
- An MRI brain by the radiologist, dated 28 June 2012;
- A neuropsychological assessment by the clinical neuropsychologist, dated 14 June 2013;
- A psychiatric assessment by the consultant psychiatrist, dated 10 September 2013;
- A psychiatric review by the consultant psychiatrist, dated 22 May 2014;
- A psychiatric review by the consultant psychiatrist, dated 20 October 2017.

Your service

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

16 January 2006 and 4 June 2019

Attention Deficit Hyperactivity Disorder

You have stated that your condition was caused by:

- *having a moderate or severe traumatic brain injury within the 2 years before the clinical onset of attention deficit hyperactivity disorder*
- *having at least three episodes of mild traumatic brain injury within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to repeated low-level blast overpressure from explosive breaching or the firing of heavy weapons on at least 500 occasions within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *having a blood lead concentration of at least 0.48 micromoles per litre for at least 6 months within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to organophosphate insecticides for at least 200 hours within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to organic solvents for at least 1,000 hours within the 10 years before the clinical onset of attention deficit hyperactivity disorder*
- *having an episode of carbon monoxide poisoning with loss of consciousness or a carboxyhaemoglobin level of at least 20 percent within the 2 years before the clinical onset of attention deficit hyperactivity disorder*

Diagnosis: Attention Deficit Hyperactivity Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 10 September 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a moderate or severe traumatic brain injury within the 2 years before the clinical onset of attention deficit hyperactivity disorder*
- *having at least three episodes of mild traumatic brain injury within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to repeated low-level blast overpressure from explosive breaching or the firing of heavy weapons on at least 500 occasions within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *having a blood lead concentration of at least 0.48 micromoles per litre for at least 6 months within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to organophosphate insecticides for at least 200 hours within the 5 years before the clinical onset of attention deficit hyperactivity disorder*
- *being exposed to organic solvents for at least 1,000 hours within the 10 years before the clinical onset of attention deficit hyperactivity disorder*
- *having an episode of carbon monoxide poisoning with loss of consciousness or a carboxyhaemoglobin level of at least 20 percent within the 2 years before the clinical onset of attention deficit hyperactivity 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 persistent inattention, distractibility, forgetfulness, losing equipment, difficulty organising and completing tasks, restlessness, talking over others and impulsive decisions, causing failure of a promotion course and problems at home on 2 April 2012.

The diagnosis was made by a consultant psychiatrist on 10 September 2013 against the DSM-5 criteria, using the DIVA-5 structured diagnostic interview, collateral history from your partner, primary school reports and the Adult ADHD Self-Report Scale. You had seven inattentive and six hyperactive-impulsive symptoms for more than six months, present at work and at home, with clear impairment. Several inattentive symptoms were present before the age of 12 on school reports.

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

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

I have therefore accepted that this condition is related to your service with effect from 15 March 2012.

Attention Deficit Hyperactivity 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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A sports injury record by the medical officer, Garrison health centre, dated 3 May 2008;
- A training injury record by the medical officer, Garrison health centre, dated 19 March 2009;
- A lead health surveillance result by the occupational physician, dated 12 November 2010;
- A lead health surveillance result by the occupational physician, dated 20 January 2011;
- A trauma admission and CT brain report by Role 3 hospital, Afghanistan, dated 14 July 2011;
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- A post-operational psychological screen by the psychologist, dated 2 February 2012;
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- An MRI brain by the radiologist, dated 28 June 2012;
- A neuropsychological assessment by the clinical neuropsychologist, dated 14 June 2013;
- A psychiatric assessment by the consultant psychiatrist, dated 10 September 2013;
- A psychiatric review by the consultant psychiatrist, dated 22 May 2014;
- A psychiatric review by the consultant psychiatrist, dated 20 October 2017.

Your service

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

16 January 2006 and 4 June 2019

Attention Deficit Hyperactivity Disorder (Worsening)

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

- *having posttraumatic stress disorder at the time of the clinical worsening of attention deficit hyperactivity disorder*
- *having sleep restricted to less than 5 hours per day for at least the 3 months before the clinical worsening of attention deficit hyperactivity disorder*
- *consuming an average of at least 40 grams of alcohol per day for at least the 6 months before the clinical worsening of attention deficit hyperactivity disorder*
- *taking a sedating medication for at least the 3 months before the clinical worsening of attention deficit hyperactivity disorder*
- *inability to obtain appropriate clinical management for attention deficit hyperactivity disorder*

Diagnosis: Attention Deficit Hyperactivity Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 10 September 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having posttraumatic stress disorder at the time of the clinical worsening of attention deficit hyperactivity disorder*
- *having sleep restricted to less than 5 hours per day for at least the 3 months before the clinical worsening of attention deficit hyperactivity disorder*
- *consuming an average of at least 40 grams of alcohol per day for at least the 6 months before the clinical worsening of attention deficit hyperactivity disorder*
- *taking a sedating medication for at least the 3 months before the clinical worsening of attention deficit hyperactivity disorder*
- *inability to obtain appropriate clinical management for attention deficit hyperactivity 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 persistent inattention, distractibility, forgetfulness, losing equipment, difficulty organising and completing tasks, restlessness, talking over others

and impulsive decisions, causing failure of a promotion course and problems at home on 2 April 2012.

The diagnosis was made by a consultant psychiatrist on 10 September 2013 against the DSM-5 criteria, using the DIVA-5 structured diagnostic interview, collateral history from your partner, primary school reports and the Adult ADHD Self-Report Scale. You had seven inattentive and six hyperactive-impulsive symptoms for more than six months, present at work and at home, with clear impairment. Several inattentive symptoms were present before the age of 12 on school reports.

After the condition arose, it was worsened during your service. A psychiatrist diagnosed posttraumatic stress disorder on 22 May 2014, arising from the blast on warlike service in Afghanistan on 14 July 2011. During warlike service in the Middle East you worked twelve-hour night shifts in an operations centre and slept four to five hours a day in shared accommodation, compounded by PTSD-related nightmares. You drank an average of about 60 grams of alcohol a day from 2014, as recorded by the psychiatrist, to cope with your PTSD symptoms. You took quetiapine 50 mg and temazepam 10 mg every night from 22 May 2014, prescribed for PTSD-related insomnia, and continued both throughout the 3 months before the worsening, from 20 July 2017 to 20 October 2017. Dexamfetamine, a Schedule 8 stimulant, could not be supplied on deployment and was ceased on 15 February 2017, the day you deployed to the Middle East on warlike service.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 20 October 2017.

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