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.

Functional Neurological 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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A field medical record and incident report by the afghanistan, dated 22 June 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 July 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 18 November 2010;
- A psychiatric review and sexual offence response team referral by the consultant psychiatrist, dated 4 March 2011;
- A trauma admission and CT brain by Role 3 hospital, Afghanistan, dated 12 June 2012;
- An inpatient medical and nursing notes by Role 3 hospital, Afghanistan, dated 24 June 2012;
- An MRI brain and cervical spine by the radiologist, dated 28 September 2012;
- A video-EEG report and neurology consultation by the neurologist, dated 3 October 2012;
- A radiographs right wrist by the radiologist, dated 16 April 2015;
- A neurology review by the neurologist, dated 5 May 2015.

Your service

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

16 January 2006 and 20 July 2017

Functional Neurological Disorder

You have stated that your condition was caused by:

- *experiencing a category 1A or category 1B stressor within the 5 years before the clinical onset of functional neurological disorder*
- *having posttraumatic stress disorder at the time of the clinical onset of functional neurological disorder*
- *having a depressive disorder or an anxiety disorder at the time of the clinical onset of functional neurological disorder*
- *experiencing sexual assault or severe physical abuse before the clinical onset of functional neurological disorder*
- *having a mild traumatic brain injury within the 1 year before the clinical onset of functional neurological disorder*
- *sustaining a physical injury to the affected limb or side of the body within the 3 months before the clinical onset of functional neurological disorder*
- *having a chronic pain condition for at least the 6 months before the clinical onset of functional neurological disorder*
- *having migraine at the time of the clinical onset of functional neurological disorder*
- *experiencing a panic attack or an acute dissociative episode at the time of the clinical onset of functional neurological disorder*

Diagnosis: Functional Neurological Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a video-EEG report and neurology consultation by the neurologist, dated 3 October 2012.

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:

Reasonable Hypothesis - 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:

- *experiencing a category 1A or category 1B stressor within the 5 years before the clinical onset of functional neurological disorder*
- *having posttraumatic stress disorder at the time of the clinical onset of functional neurological disorder*
- *having a depressive disorder or an anxiety disorder at the time of the clinical onset of functional neurological disorder*

- *experiencing sexual assault or severe physical abuse before the clinical onset of functional neurological disorder*
- *having a mild traumatic brain injury within the 1 year before the clinical onset of functional neurological disorder*
- *sustaining a physical injury to the affected limb or side of the body within the 3 months before the clinical onset of functional neurological disorder*
- *having a chronic pain condition for at least the 6 months before the clinical onset of functional neurological disorder*
- *having migraine at the time of the clinical onset of functional neurological disorder*
- *experiencing a panic attack or an acute dissociative episode at the time of the clinical onset of functional neurological 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 weakness and heaviness of the left arm and leg, a dragging gait and episodes of generalised shaking with your eyes closed and partial awareness, lasting several minutes, often triggered by loud noises or reminders of trauma on 24 June 2012.

The diagnosis was confirmed by a neurologist on 3 October 2012. Video-EEG monitoring captured three of your typical events, with eyes closed, side-to-side head movement and fluctuating, asynchronous limb shaking, and a normal EEG before, during and after each event, which confirms functional seizures. Examination showed positive signs of functional weakness: a positive Hoover sign, give-way weakness and a dragging monoplegic gait, with normal tone, reflexes and plantar responses.

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

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

I have therefore accepted that this condition is related to your service with effect from 24 June 2012.

Functional Neurological 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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A field medical record and incident report by the afghanistan, dated 22 June 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 July 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 18 November 2010;
- A psychiatric review and sexual offence response team referral by the consultant psychiatrist, dated 4 March 2011;
- A trauma admission and CT brain by Role 3 hospital, Afghanistan, dated 12 June 2012;
- An inpatient medical and nursing notes by Role 3 hospital, Afghanistan, dated 24 June 2012;
- An MRI brain and cervical spine by the radiologist, dated 28 September 2012;
- A video-EEG report and neurology consultation by the neurologist, dated 3 October 2012;
- A radiographs right wrist by the radiologist, dated 16 April 2015;
- A neurology review by the neurologist, dated 5 May 2015.

Your service

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

16 January 2006 and 20 July 2017

Functional Neurological Disorder (Worsening)

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

- *experiencing a category 1A or category 1B stressor within the 1 year before the clinical worsening of functional neurological disorder*
- *sustaining a physical injury within the 3 months before the clinical worsening of functional neurological disorder*

- *having posttraumatic stress disorder, a depressive disorder or an anxiety disorder at the time of the clinical worsening of functional neurological disorder*
- *inability to obtain appropriate clinical management for functional neurological disorder*

Diagnosis: Functional Neurological Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a video-EEG report and neurology consultation by the neurologist, dated 3 October 2012.

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:

- *experiencing a category 1A or category 1B stressor within the 1 year before the clinical worsening of functional neurological disorder*
- *sustaining a physical injury within the 3 months before the clinical worsening of functional neurological disorder*
- *having posttraumatic stress disorder, a depressive disorder or an anxiety disorder at the time of the clinical worsening of functional neurological disorder*
- *inability to obtain appropriate clinical management for functional neurological 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 weakness and heaviness of the left arm and leg, a dragging gait and episodes of generalised shaking with your eyes closed and partial awareness, lasting several minutes, often triggered by loud noises or reminders of trauma on 24 June 2012.

The diagnosis was confirmed by a neurologist on 3 October 2012. Video-EEG monitoring captured three of your typical events, with eyes closed, side-to-side head movement and fluctuating, asynchronous limb shaking, and a normal EEG before, during and after each event, which confirms functional seizures. Examination showed positive signs of functional weakness: a positive Hoover sign, give-way weakness and a dragging monoplegic gait, with normal tone, reflexes and plantar responses.

After the condition arose, it was worsened during your service. On 16 April 2015, during a peacetime field exercise, you witnessed a vehicle rollover in which a soldier was killed and gave

first aid at the scene, a category 1A stressor. You fractured your right distal radius while giving first aid at the rollover on 16 April 2015, confirmed on radiographs, within the 3 months before the worsening, from 5 February 2015 to 5 May 2015. Posttraumatic stress disorder and major depressive disorder, both arising from service, were present at the worsening, and the PCL-5 score rose from 52 to 64 on 5 May 2015. After diagnosis on 3 October 2012 the specialist physiotherapy and psychotherapy recommended by the neurologist were not available for nine months, and you were treated only with medication in the meantime.

This has then led to further investigations and the diagnosis of your condition of *Functional Neurological Disorder (Worsening)*. I have accepted your condition of *Functional Neurological 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 5 May 2015.

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