# 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.*

## Gastrointestinal - Irritable Bowel Syndrome

### 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 3 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 March 2025;
- Apprentice training school records and later abuse response findings by the defence abuse response process, dated 22 June 1994;
- An incident report and deployed health record by the medical officer, Afghanistan, dated 25 June 2008;
- An incident report and returned captive medical review by the medical officer, Afghanistan, dated 2 August 2008;
- A role 2 admission and stool culture by Role 2 facility, Afghanistan, dated 20 September 2008;
- A return to Australia medical by the medical officer, Garrison health centre, dated 20 October 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 5 November 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 January 2009;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 15 June 2009;
- A role 2 admission and stool culture by Role 2 facility, Afghanistan, dated 20 July 2011;
- A specialist follow-up by the gastroenterologist, dated 10 October 2011;
- A CT abdomen and pelvis report by the radiologist, dated 2 November 2011.

## Your service

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

16 January 1994 and 3 May 2016

## Gastrointestinal - Irritable Bowel Syndrome

You have stated that your condition was caused by:

- *having a clinically significant disorder of mental health as specified within the six months before the clinical onset of irritable bowel syndrome*
- *having an episode of severe diarrhoea within the three months before the clinical onset of irritable bowel syndrome*
- *experiencing severe childhood abuse before the clinical onset of irritable bowel syndrome*

**Diagnosis:** Irritable Bowel Syndrome

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 March 2025, and is supported by a gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 15 June 2009.

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

*Statement of Principles concerning Irritable Bowel Syndrome (Balance of Probabilities) (No. 66 of 2019)*

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

I am satisfied that you have met the following factor:

- *having a clinically significant disorder of mental health as specified within the six months before the clinical onset of irritable bowel syndrome*
- *having an episode of severe diarrhoea within the three months before the clinical onset of irritable bowel syndrome*
- *experiencing severe childhood abuse before the clinical onset of irritable bowel syndrome*

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 recurrent lower abdominal pain relieved by opening your bowels, urgency, loose stools four to six times a day and bloating, worse at times of stress and after meals on 16 January 2009.

The diagnosis was confirmed by a gastroenterologist on 15 June 2009 on the Rome III criteria: recurrent abdominal pain relieved by defecation and associated with more frequent and looser stools, for more than three months with onset more than six months before diagnosis. Stool cultures, coeliac serology, thyroid function and inflammatory markers were normal, and colonoscopy with random biopsies excluded inflammatory bowel disease and microscopic colitis. The IBS Symptom Severity Score was 210.

This has then led to further investigations and the diagnosis of your condition of *Irritable Bowel Syndrome*. I have accepted your condition of *Irritable Bowel Syndrome*.

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 12 December 2008.

# Gastrointestinal - Irritable Bowel Syndrome (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 3 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 March 2025;
- Apprentice training school records and later abuse response findings by the defence abuse response process, dated 22 June 1994;
- An incident report and deployed health record by the medical officer, Afghanistan, dated 25 June 2008;
- An incident report and returned captive medical review by the medical officer, Afghanistan, dated 2 August 2008;
- A role 2 admission and stool culture by Role 2 facility, Afghanistan, dated 20 September 2008;
- A return to Australia medical by the medical officer, Garrison health centre, dated 20 October 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 5 November 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 January 2009;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 15 June 2009;
- A role 2 admission and stool culture by Role 2 facility, Afghanistan, dated 20 July 2011;
- A specialist follow-up by the gastroenterologist, dated 10 October 2011;
- A CT abdomen and pelvis report by the radiologist, dated 2 November 2011.

## Your service

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

16 January 1994 and 3 May 2016

## Gastrointestinal - Irritable Bowel Syndrome (Worsening)

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

- *having a clinically significant disorder of mental health as specified within the six months before the clinical worsening of irritable bowel syndrome*
- *having an episode of severe diarrhoea within the three months before the clinical worsening of irritable bowel syndrome*
- *inability to obtain appropriate clinical management for irritable bowel syndrome*

**Diagnosis:** Irritable Bowel Syndrome (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 March 2025, and is supported by a gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 15 June 2009.

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

*Statement of Principles concerning Irritable Bowel Syndrome (Balance of Probabilities) (No. 66 of 2019)*

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

I am satisfied that you have met the following factor:

- *having a clinically significant disorder of mental health as specified within the six months before the clinical worsening of irritable bowel syndrome*
- *having an episode of severe diarrhoea within the three months before the clinical worsening of irritable bowel syndrome*
- *inability to obtain appropriate clinical management for irritable bowel syndrome*

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 recurrent lower abdominal pain relieved by opening your bowels, urgency, loose stools four to six times a day and bloating, worse at times of stress and after meals on 16 January 2009.

The diagnosis was confirmed by a gastroenterologist on 15 June 2009 on the Rome III criteria: recurrent abdominal pain relieved by defecation and associated with more frequent and looser stools, for more than three months with onset more than six months before diagnosis. Stool cultures, coeliac serology, thyroid function and inflammatory markers were normal, and colonoscopy with random biopsies excluded inflammatory bowel disease and microscopic colitis. The IBS Symptom Severity Score was 210.

After the condition arose, it was worsened during your service. Posttraumatic stress disorder was present throughout the 6 months before the worsening, from 10 April to 10 October 2011, and depressive disorder was added by your psychiatrist in September 2011. In July 2011 you had Shigella sonnei dysentery with about 15 loose and bloody stools a day for five days, confirmed

on culture and treated with ciprofloxacin at the role 2 facility. Throughout your 2011 deployment you could not see a gastroenterologist or obtain your psychological treatment, and your irritable bowel syndrome was managed only with loperamide supplied by a medic.

This has then led to further investigations and the diagnosis of your condition of *Irritable Bowel Syndrome (Worsening)*. I have accepted your condition of *Irritable Bowel Syndrome (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 10 October 2011.

*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.*