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.

Inflammatory Bowel Disease

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An admission record and operation report by the orthopaedic surgeon, dated 14 February 2012;
- A dietetic assessment by the dietitian, dated 18 June 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 10 February 2013;
- A histopathology and specialist letters by the dermatologist and medical oncologist, dated 10 January 2016;
- A pre-deployment health assessment by the medical officer, dated 20 October 2016;
- A role 2 consultation and pathology by the medical officer, Iraq, dated 27 March 2017;
- A colonoscopy and histopathology report by the gastroenterologist, dated 5 May 2017;
- An oncology treatment record by the medical oncologist, dated 4 December 2017;
- A medical record and stool culture by the medical officer, Middle East, dated 25 October 2018;
- A medical record and aeromedical evacuation record by the medical officer, Middle East, dated 12 November 2018;
- A hospital admission and CT report by the gastroenterologist, dated 20 November 2018;
- An ileocolonoscopy and histopathology report by the gastroenterologist, dated 22 January 2019;
- An MR enterography by the radiologist, dated 30 January 2019.

Your service

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

8 February 2000 and 5 July 2021

Inflammatory Bowel Disease

You have stated that your condition was caused by:

- *taking a drug from the Specified List 1 of drugs for at least the seven days before the clinical onset of inflammatory bowel disease*
- *taking a nonsteroidal anti-inflammatory drug on at least ten days per month, for a continuous period of at least two months before the clinical onset of inflammatory bowel disease and the last dose of the drug was taken within the 14 days before the clinical onset of inflammatory bowel disease*
- *taking an immune checkpoint inhibitor within the one year before the clinical onset of inflammatory bowel disease*
- *taking a combined oral contraceptive pill for a continuous period of at least six months before the clinical onset of inflammatory bowel disease and where taking the combined oral contraceptive pill has ceased, the clinical onset of inflammatory bowel disease has occurred within one year of cessation*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of inflammatory bowel disease*
- *experiencing a category 1A stressor within the three months before the clinical onset of inflammatory bowel disease*
- *experiencing a category 1B stressor within the three months before the clinical onset of inflammatory bowel disease*
- *experiencing a category 2 stressor within the 30 days before the clinical onset of inflammatory bowel disease*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder for at least the one year before the clinical onset of inflammatory bowel disease*
- *for Crohn disease only: having smoked at least one pack-year of tobacco products before the clinical onset of Crohn disease, and where smoking has permanently ceased, the clinical onset of Crohn disease has occurred within four years of cessation*
- *for Crohn disease only: where exposure to second-hand smoke has not permanently ceased: (i) being exposed to second-hand smoke for at least 5,000 hours before the clinical onset of Crohn disease; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical onset of Crohn disease*
- *for Crohn disease only: where exposure to second-hand smoke has permanently ceased before the clinical onset of Crohn disease: (i) being exposed to second-hand smoke for at least 5,000 hours; and (ii) the first exposure to second-hand smoke commenced at least one*

year before the clinical onset of Crohn disease; and (iii) the clinical onset of Crohn disease has occurred within four years of the last exposure to second-hand smoke

- *for Crohn disease only: taking at least three courses of antibiotics within the five years before the clinical onset of Crohn disease, and the last course of antibiotics was completed at least six months before the clinical onset of Crohn disease*
- *for Crohn disease only: inability to consume an average daily intake of at least ten grams of fibre in food for a period of at least five consecutive years within the ten years before the clinical onset of Crohn disease*
- *for Crohn disease only: consuming an average of at least 100 grams per day of sucrose, for at least two consecutive years within the five years before the clinical onset of Crohn disease*
- *for Crohn disease only: inability to undertake any physical activity greater than three METs for at least the five years before the clinical onset of Crohn disease*
- *for Crohn disease only: being obese for at least five years within the 20 years before the clinical onset of Crohn disease*
- *for ulcerative colitis only, in a person with a prior history of a regular smoking habit as specified, permanently ceasing to smoke between one and 20 years before the clinical onset of ulcerative colitis*

Diagnosis: Inflammatory Bowel Disease

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a colonoscopy and histopathology report by the gastroenterologist, dated 5 May 2017.

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

Statement of Principles concerning Inflammatory Bowel Disease (Reasonable Hypothesis) (No. 90 of 2020)

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

I am satisfied that you have met the following factor:

- *taking a drug from the Specified List 1 of drugs for at least the seven days before the clinical onset of inflammatory bowel disease*
- *taking a nonsteroidal anti-inflammatory drug on at least ten days per month, for a continuous period of at least two months before the clinical onset of inflammatory bowel disease and the last dose of the drug was taken within the 14 days before the clinical onset of inflammatory bowel disease*
- *taking an immune checkpoint inhibitor within the one year before the clinical onset of inflammatory bowel disease*

- *taking a combined oral contraceptive pill for a continuous period of at least six months before the clinical onset of inflammatory bowel disease and where taking the combined oral contraceptive pill has ceased, the clinical onset of inflammatory bowel disease has occurred within one year of cessation*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of inflammatory bowel disease*
- *experiencing a category 1A stressor within the three months before the clinical onset of inflammatory bowel disease*
- *experiencing a category 1B stressor within the three months before the clinical onset of inflammatory bowel disease*
- *experiencing a category 2 stressor within the 30 days before the clinical onset of inflammatory bowel disease*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder for at least the one year before the clinical onset of inflammatory bowel disease*
- *for Crohn disease only: having smoked at least one pack-year of tobacco products before the clinical onset of Crohn disease, and where smoking has permanently ceased, the clinical onset of Crohn disease has occurred within four years of cessation*
- *for Crohn disease only: where exposure to second-hand smoke has not permanently ceased: (i) being exposed to second-hand smoke for at least 5,000 hours before the clinical onset of Crohn disease; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical onset of Crohn disease*
- *for Crohn disease only: where exposure to second-hand smoke has permanently ceased before the clinical onset of Crohn disease: (i) being exposed to second-hand smoke for at least 5,000 hours; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical onset of Crohn disease; and (iii) the clinical onset of Crohn disease has occurred within four years of the last exposure to second-hand smoke*
- *for Crohn disease only: taking at least three courses of antibiotics within the five years before the clinical onset of Crohn disease, and the last course of antibiotics was completed at least six months before the clinical onset of Crohn disease*
- *for Crohn disease only: inability to consume an average daily intake of at least ten grams of fibre in food for a period of at least five consecutive years within the ten years before the clinical onset of Crohn disease*
- *for Crohn disease only: consuming an average of at least 100 grams per day of sucrose, for at least two consecutive years within the five years before the clinical onset of Crohn disease*
- *for Crohn disease only: inability to undertake any physical activity greater than three METs for at least the five years before the clinical onset of Crohn disease*
- *for Crohn disease only: being obese for at least five years within the 20 years before the clinical onset of Crohn disease*
- *for ulcerative colitis only, in a person with a prior history of a regular smoking habit as specified, permanently ceasing to smoke between one and 20 years before the clinical onset*

of ulcerative colitis

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 bloody diarrhoea up to eight times a day with urgency, cramping lower abdominal pain, tenesmus and fatigue on 27 March 2017.

The diagnosis was confirmed by colonoscopy and histology on 5 May 2017, which showed continuous colitis from the rectum to the splenic flexure with chronic active inflammation, crypt distortion and crypt abscesses, with negative stool cultures and a faecal calprotectin of 1,450 micrograms per gram. These findings met the criteria for ulcerative colitis at onset.

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

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 20 March 2017.

Inflammatory Bowel Disease (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An admission record and operation report by the orthopaedic surgeon, dated 14 February 2012;
- A dietetic assessment by the dietitian, dated 18 June 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 10 February 2013;
- A histopathology and specialist letters by the dermatologist and medical oncologist, dated 10 January 2016;
- A pre-deployment health assessment by the medical officer, dated 20 October 2016;
- A role 2 consultation and pathology by the medical officer, Iraq, dated 27 March 2017;
- A colonoscopy and histopathology report by the gastroenterologist, dated 5 May 2017;
- An oncology treatment record by the medical oncologist, dated 4 December 2017;
- A medical record and stool culture by the medical officer, Middle East, dated 25 October 2018;
- A medical record and aeromedical evacuation record by the medical officer, Middle East, dated 12 November 2018;
- A hospital admission and CT report by the gastroenterologist, dated 20 November 2018;
- An ileocolonoscopy and histopathology report by the gastroenterologist, dated 22 January 2019;
- An MR enterography by the radiologist, dated 30 January 2019.

Your service

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

8 February 2000 and 5 July 2021

Inflammatory Bowel Disease (Worsening)

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

- *taking a drug from the Specified List 2 of drugs for at least the seven days before the clinical worsening of inflammatory bowel disease*
- *taking an immune checkpoint inhibitor within the one year before the clinical worsening of inflammatory bowel disease*
- *taking a combined oral contraceptive pill for a continuous period of at least six months before the clinical worsening of inflammatory bowel disease and where taking the combined oral contraceptive pill has ceased, the clinical worsening of inflammatory bowel disease has occurred within one year of cessation*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical worsening of inflammatory bowel disease*
- *having a bowel infection within the 30 days before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 1A stressor within the three months before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 1B stressor within the three months before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 2 stressor within the 30 days before the clinical worsening of inflammatory bowel disease*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder for at least the one year before the clinical worsening of inflammatory bowel disease*
- *for Crohn disease only: having smoked at least one pack-year of tobacco products before the clinical worsening of Crohn disease, and where smoking has permanently ceased, the clinical worsening of Crohn disease has occurred within four years of cessation*
- *for Crohn disease only: where exposure to second-hand smoke has not permanently ceased: (i) being exposed to second-hand smoke for at least 5,000 hours before the clinical worsening of Crohn disease; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical worsening of Crohn disease*
- *for Crohn disease only: where exposure to second-hand smoke has permanently ceased before the clinical worsening of Crohn disease: (i) being exposed to second-hand smoke for at least 5,000 hours; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical worsening of Crohn disease; and (iii) the clinical worsening of Crohn disease occurs within four years of the last exposure to second-hand smoke*
- *for Crohn disease only: an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of Crohn disease*
- *for ulcerative colitis only, in a person with a prior history of a regular smoking habit as specified, permanently ceasing to smoke between one and 20 years before the clinical worsening of ulcerative colitis*
- *inability to obtain appropriate clinical management for inflammatory bowel disease*

Diagnosis: Inflammatory Bowel Disease (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a colonoscopy and histopathology report by the gastroenterologist, dated 5 May 2017.

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

Statement of Principles concerning Inflammatory Bowel Disease (Reasonable Hypothesis) (No. 90 of 2020)

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

I am satisfied that you have met the following factor:

- *taking a drug from the Specified List 2 of drugs for at least the seven days before the clinical worsening of inflammatory bowel disease*
- *taking an immune checkpoint inhibitor within the one year before the clinical worsening of inflammatory bowel disease*
- *taking a combined oral contraceptive pill for a continuous period of at least six months before the clinical worsening of inflammatory bowel disease and where taking the combined oral contraceptive pill has ceased, the clinical worsening of inflammatory bowel disease has occurred within one year of cessation*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical worsening of inflammatory bowel disease*
- *having a bowel infection within the 30 days before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 1A stressor within the three months before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 1B stressor within the three months before the clinical worsening of inflammatory bowel disease*
- *experiencing a category 2 stressor within the 30 days before the clinical worsening of inflammatory bowel disease*
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- *for Crohn disease only: where exposure to second-hand smoke has permanently ceased before the clinical worsening of Crohn disease: (i) being exposed to second-hand smoke for at least 5,000 hours; and (ii) the first exposure to second-hand smoke commenced at least one year before the clinical worsening of Crohn disease; and (iii) the clinical worsening of Crohn disease occurs within four years of the last exposure to second-hand smoke*
- *for Crohn disease only: an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of Crohn disease*
- *for ulcerative colitis only, in a person with a prior history of a regular smoking habit as specified, permanently ceasing to smoke between one and 20 years before the clinical worsening of ulcerative colitis*
- *inability to obtain appropriate clinical management for inflammatory bowel disease*

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 bloody diarrhoea up to eight times a day with urgency, cramping lower abdominal pain, tenesmus and fatigue on 27 March 2017.

The diagnosis was confirmed by colonoscopy and histology on 5 May 2017, which showed continuous colitis from the rectum to the splenic flexure with chronic active inflammation, crypt distortion and crypt abscesses, with negative stool cultures and a faecal calprotectin of 1,450 micrograms per gram. These findings met the criteria for ulcerative colitis at onset.

After the condition arose, it was worsened during your service. From 15 October 2018, during warlike service in the Middle East, you took naproxen 500 mg twice daily, a drug from the Specified List 2, for post-traumatic hip pain, continuing through the seven days before the worsening from 5 November 2018 to 12 November 2018. Nivolumab, an immune checkpoint inhibitor, was given from 4 December 2017 to 28 May 2018 for recurrent melanoma, within the one year before the worsening on 12 November 2018, which occurred on warlike service. The combined oral contraceptive pill, taken continuously from 2003 for menstrual suppression during service, was ongoing during your 2018 warlike deployment and at the worsening on 12 November 2018. The allograft tissue transplantation of 3 April 2012 took place before the worsening on 12 November 2018. On 25 October 2018, during warlike service in the Middle East, you developed acute gastroenteritis after a meal at the base dining facility, and stool culture grew Campylobacter jejuni. On 30 September 2018, during warlike service in the Middle East, a rocket struck the accommodation block next to hers, killing two coalition personnel and blowing in your windows. On 15 October 2018, during warlike service, you saw two critically injured soldiers at a vehicle rollover, one of whom died in front of you. On 20 October 2018, while on warlike service, you were served with divorce papers and learned your husband was seeking sole custody of their child, with marked distress recorded by the deployed psychologist. Major depressive disorder, diagnosed on 10 February 2013, remained clinically significant and continuous, with a PHQ-9 of 21 in September 2018, throughout the one year before the worsening, from 12 November 2017 to 12 November 2018, and worsened on your 2018 warlike deployment. You smoked about 11 pack-years and permanently ceased on 1 March 2015.

Exposure to second-hand smoke in the designated smoking area beside your office and in shared accommodation continued during your 2018 warlike deployment and had not permanently ceased at the worsening. Your shipboard second-hand smoke exposure of about 5,400 hours, from February 2000 to its permanent cessation on 30 June 2015, began more than one year before the worsening, and the worsening on 12 November 2018 occurred 3 years and 4 months after the last shipboard exposure, within four years. You were unable to undertake physical activity greater than three METs from February 2012, because of your service hip and foot injuries, to the worsening on 12 November 2018, more than five years, as recorded by your exercise physiologist. You had a regular smoking habit of 15 cigarettes a day for 15 years and permanently stopped on 1 March 2015. After onset on warlike service in Iraq in March 2017 you waited six weeks for colonoscopy, with no gastroenterologist in theatre.

This has then led to further investigations and the diagnosis of your condition of *Inflammatory Bowel Disease (Worsening)*. I have accepted your condition of *Inflammatory Bowel Disease (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 November 2018.

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.