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.

Panic 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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A diagnostic polysomnography report by the sleep physician, dated 14 June 2006;
- A psychology assessment by the navy psychologist, dated 19 March 2007;
- A trauma admission by the CT brain and intensive care discharge summary, Tertiary hospital, dated 12 September 2008;
- An MRI lumbar spine by the radiologist, dated 12 September 2008;
- A casualty report and operation note by Role 3 hospital, Middle East, dated 9 May 2009;
- A neurology consultation by the neurologist, dated 22 September 2009;
- A psychiatric assessment by the consultant psychiatrist, dated 16 November 2009;
- An MRI brain and epilepsy clinic letter by the neurologist, dated 8 December 2009;
- A psychiatric review by the consultant psychiatrist, dated 2 March 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 22 March 2010;
- An echocardiogram and Holter monitor reports by the cardiologist, dated 25 March 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 6 May 2010;
- An intensive care discharge summary by the regional hospital, dated 22 November 2012;
- An outpatient health record by the medical officer, Naval base health centre, dated 2 September 2013;
- A mental health unit admission by the consultant psychiatrist, dated 9 September 2013.

Your service

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

17 January 1983 and 30 September 2016

Panic Disorder

You have stated that your condition was caused by:

- *experiencing a category 1A stressor within the two years before the clinical onset of panic disorder*
- *experiencing a category 1B stressor within the two years before the clinical onset of panic disorder*
- *experiencing severe childhood abuse before the clinical onset of panic disorder*
- *experiencing the death of a significant other within the five years before the clinical onset of panic disorder*
- *having a clinically significant disorder of mental health from Specified List 1 within the five years before the clinical onset of panic disorder*
- *having sleep apnoea within the five years before the clinical onset of panic disorder*
- *having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical onset of panic disorder*
- *having a severe, chronic medical condition within the two years before the clinical onset of panic disorder*
- *having concussion or moderate to severe traumatic brain injury within the five years before the clinical onset of panic disorder*
- *having epilepsy at the time of the clinical onset of panic disorder*
- *experiencing a category 2 stressor within the two years before the clinical onset of panic disorder*

Diagnosis: Panic Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 6 May 2010.

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

Statement of Principles concerning Panic Disorder (Balance of Probabilities) (No. 56 of 2018)

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 two years before the clinical onset of panic disorder*
- *experiencing a category 1B stressor within the two years before the clinical onset of panic disorder*
- *experiencing severe childhood abuse before the clinical onset of panic disorder*
- *experiencing the death of a significant other within the five years before the clinical onset of panic disorder*
- *having a clinically significant disorder of mental health from Specified List 1 within the five years before the clinical onset of panic disorder*
- *having sleep apnoea within the five years before the clinical onset of panic disorder*
- *having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical onset of panic disorder*
- *having a severe, chronic medical condition within the two years before the clinical onset of panic disorder*
- *having concussion or moderate to severe traumatic brain injury within the five years before the clinical onset of panic disorder*
- *having epilepsy at the time of the clinical onset of panic disorder*
- *experiencing a category 2 stressor within the two years before the clinical onset of panic 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 recurrent, unexpected surges of intense fear with palpitations, sweating, trembling, breathlessness, a choking sensation, chest tightness, tingling in both hands, light-headedness, feelings of unreality and fear of dying, each peaking within ten minutes on 22 March 2010.

The diagnosis was made by a consultant psychiatrist on 6 May 2010 using the DSM-5 based criteria adopted in the Statement of Principles. You had recurrent unexpected panic attacks, each with more than four of the specified symptoms (palpitations, sweating, trembling, shortness of breath, a choking sensation, chest discomfort, paraesthesia, derealisation and fear of dying), followed by more than a month of persistent worry about further attacks and avoidance of driving and crowded places.

This has then led to further investigations and the diagnosis of your condition of *Panic Disorder*. I have accepted your condition of *Panic 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 18 March 2010.

Panic 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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A diagnostic polysomnography report by the sleep physician, dated 14 June 2006;
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- An echocardiogram and Holter monitor reports by the cardiologist, dated 25 March 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 6 May 2010;
- An intensive care discharge summary by the regional hospital, dated 22 November 2012;
- An outpatient health record by the medical officer, Naval base health centre, dated 2 September 2013;
- A mental health unit admission by the consultant psychiatrist, dated 9 September 2013.

Your service

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

17 January 1983 and 30 September 2016

Panic Disorder (Worsening)

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

- *experiencing a category 1A stressor within the two years before the clinical worsening of panic disorder*
- *experiencing a category 1B stressor within the two years before the clinical worsening of panic disorder*
- *experiencing severe childhood abuse before the clinical worsening of panic disorder*
- *experiencing the death of a significant other within the five years before the clinical worsening of panic disorder*
- *having a clinically significant disorder of mental health from Specified List 2 within the five years before the clinical worsening of panic disorder*
- *having sleep apnoea within the five years before the clinical worsening of panic disorder*
- *having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical worsening of panic disorder*
- *having a severe, chronic medical condition within the two years before the clinical worsening of panic disorder*
- *having concussion or moderate to severe traumatic brain injury within the five years before the clinical worsening of panic disorder*
- *having epilepsy at the time of the clinical worsening of panic disorder*
- *experiencing a category 2 stressor within the two years before the clinical worsening of panic disorder*
- *inability to obtain appropriate clinical management for panic disorder*

Diagnosis: Panic Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 6 May 2010.

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

Statement of Principles concerning Panic Disorder (Balance of Probabilities) (No. 56 of 2018)

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 two years before the clinical worsening of panic disorder*
- *experiencing a category 1B stressor within the two years before the clinical worsening of panic disorder*
- *experiencing severe childhood abuse before the clinical worsening of panic disorder*

- *experiencing the death of a significant other within the five years before the clinical worsening of panic disorder*
- *having a clinically significant disorder of mental health from Specified List 2 within the five years before the clinical worsening of panic disorder*
- *having sleep apnoea within the five years before the clinical worsening of panic disorder*
- *having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical worsening of panic disorder*
- *having a severe, chronic medical condition within the two years before the clinical worsening of panic disorder*
- *having concussion or moderate to severe traumatic brain injury within the five years before the clinical worsening of panic disorder*
- *having epilepsy at the time of the clinical worsening of panic disorder*
- *experiencing a category 2 stressor within the two years before the clinical worsening of panic disorder*
- *inability to obtain appropriate clinical management for panic 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 recurrent, unexpected surges of intense fear with palpitations, sweating, trembling, breathlessness, a choking sensation, chest tightness, tingling in both hands, light-headedness, feelings of unreality and fear of dying, each peaking within ten minutes on 22 March 2010.

The diagnosis was made by a consultant psychiatrist on 6 May 2010 using the DSM-5 based criteria adopted in the Statement of Principles. You had recurrent unexpected panic attacks, each with more than four of the specified symptoms (palpitations, sweating, trembling, shortness of breath, a choking sensation, chest discomfort, paraesthesia, derealisation and fear of dying), followed by more than a month of persistent worry about further attacks and avoidance of driving and crowded places.

After the condition arose, it was worsened during your service. On 22 November 2012, during a peacetime man-overboard exercise, your sea boat capsized and you were trapped under the hull and recovered unconscious. In the capsize of 22 November 2012 you saw a trainee crushed between the sea boat and the ship's side and helped lift the critically injured trainee from the water, participating in the clearance of a critically injured casualty. The severe physical and sexual abuse by an adult instructor in 1983, while you were a 15-year-old junior recruit, occurred before the worsening in 2013. The death of your closest friend in the fire of 12 September 2008 falls within the 5 years before the worsening, from 2 September 2008 to 2 September 2013, as does the death of your close friend, a leading seaman, on 9 May 2009. Posttraumatic stress disorder and alcohol use disorder, both on Specified List 2, were under ongoing psychiatric and psychological management throughout the 5 years before the worsening. Obstructive sleep apnoea persisted throughout the 5 years before the worsening, and you were unable to use CPAP

reliably on board during your 2013 deployment. The near drowning of 22 November 2012 caused aspiration pneumonia requiring three days in intensive care, a life-threatening illness within the 2 years before the worsening. The chronic lumbar radicular pain continued throughout the 2 years before the worsening, requiring daily opioid and neuropathic medication and regular physiotherapy supervised by your pain specialist, and it limited you to restricted duties. The moderate traumatic brain injury of 12 September 2008 falls within the 5 years before the worsening, which run from 2 September 2008 to 2 September 2013. Post-traumatic epilepsy was present at the worsening, with a breakthrough seizure in July 2013, and levetiracetam was increased in September 2013. The divorce was finalised on 14 February 2012, and through 2012 and 2013 you had ongoing conflict with a new divisional officer over your restricted duties and a stressful workload you felt unable to control. During your deployment from February to August 2013 the ship's medical stores could not resupply sertraline after April and there was no access to a psychologist or psychiatrist for four months.

This has then led to further investigations and the diagnosis of your condition of *Panic Disorder (Worsening)*. I have accepted your condition of *Panic 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 2 September 2013.

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.