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.

Posttraumatic Stress 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- A training accident inquiry and medical record by the medical officer, dated 11 November 1992;
- A return to Australia medical examination by the medical officer, dated 21 August 1995;
- A posting report by the military hospital, dated 20 December 2005;
- A critical incident debrief record by the psychologist, dated 18 March 2006;
- A role 2 record by the medical officer, Afghanistan, dated 18 February 2007;
- A return to Australia psychological screening by the psychologist, dated 22 May 2007;
- A psychiatric assessment by the consultant psychiatrist, dated 20 September 2007;
- An incident report and outpatient record by the medical officer, dated 14 April 2010;
- A role 3 hospital record by the afghanistan, dated 12 April 2011;
- A psychiatric admission and discharge summary by the consultant psychiatrist, dated 15 November 2011;
- A defence abuse response assessment dated 20 May 2013.

Your service

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

16 January 1978 and 30 August 2013

Posttraumatic Stress Disorder

You have stated that your condition was caused by:

- *experiencing a category 1A stressor before the clinical onset of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical onset of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical onset of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical onset of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical onset of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical onset of posttraumatic stress disorder*

Diagnosis: Posttraumatic Stress Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 20 September 2007.

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

Statement of Principles concerning Posttraumatic Stress Disorder (Balance of Probabilities) (No. 98 of 2022)

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 before the clinical onset of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical onset of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical onset of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical onset of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical onset of posttraumatic stress disorder*

- *experiencing severe childhood abuse before the clinical onset of posttraumatic stress 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 nightly nightmares, intrusive memories and flashbacks of the IED strike, the Rwandan massacre and the death of your friends, with avoidance of crowds, driving and reminders of deployment, emotional numbing, hypervigilance, an exaggerated startle response, irritability, poor concentration and disturbed sleep on 20 September 2007.

The diagnosis was made by a psychiatrist on 20 September 2007 using the DSM criteria and meets the DSM-5-TR criteria in the Statement of Principles. Criterion A was met by direct exposure to life-threatening events, witnessing the killing and critical injury of others, learning of the violent death of close friends and repeated exposure to aversive details as a medic. You had intrusion symptoms (nightmares, intrusive memories, flashbacks), persistent avoidance, negative alterations in mood and cognition (numbing, detachment, guilt) and marked arousal (hypervigilance, startle, irritability, poor concentration, sleep disturbance), lasting more than one month and causing significant impairment at work and at home. The PCL-C score was 58.

This has then led to further investigations and the diagnosis of your condition of *Posttraumatic Stress Disorder*. I have accepted your condition of *Posttraumatic Stress 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 14 June 2007.

Posttraumatic Stress 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- A training accident inquiry and medical record by the medical officer, dated 11 November 1992;
- A return to Australia medical examination by the medical officer, dated 21 August 1995;
- A posting report by the military hospital, dated 20 December 2005;
- A critical incident debrief record by the psychologist, dated 18 March 2006;
- A role 2 record by the medical officer, Afghanistan, dated 18 February 2007;
- A return to Australia psychological screening by the psychologist, dated 22 May 2007;
- A psychiatric assessment by the consultant psychiatrist, dated 20 September 2007;
- An incident report and outpatient record by the medical officer, dated 14 April 2010;
- A role 3 hospital record by the afghanistan, dated 12 April 2011;
- A psychiatric admission and discharge summary by the consultant psychiatrist, dated 15 November 2011;
- A defence abuse response assessment dated 20 May 2013.

Your service

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

16 January 1978 and 30 August 2013

Posttraumatic Stress Disorder (Worsening)

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

- *experiencing a category 1A stressor before the clinical worsening of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical worsening of posttraumatic stress disorder*

- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical worsening of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical worsening of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical worsening of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical worsening of posttraumatic stress disorder*
- *inability to obtain appropriate clinical management for posttraumatic stress disorder*

Diagnosis: Posttraumatic Stress Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 20 September 2007.

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

Statement of Principles concerning Posttraumatic Stress Disorder (Balance of Probabilities) (No. 98 of 2022)

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 before the clinical worsening of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical worsening of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical worsening of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical worsening of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical worsening of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical worsening of posttraumatic stress disorder*
- *inability to obtain appropriate clinical management for posttraumatic stress 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 nightly nightmares, intrusive memories and flashbacks of the IED strike, the Rwandan massacre and the death of your friends, with

avoidance of crowds, driving and reminders of deployment, emotional numbing, hypervigilance, an exaggerated startle response, irritability, poor concentration and disturbed sleep on 20 September 2007.

The diagnosis was made by a psychiatrist on 20 September 2007 using the DSM criteria and meets the DSM-5-TR criteria in the Statement of Principles. Criterion A was met by direct exposure to life-threatening events, witnessing the killing and critical injury of others, learning of the violent death of close friends and repeated exposure to aversive details as a medic. You had intrusion symptoms (nightmares, intrusive memories, flashbacks), persistent avoidance, negative alterations in mood and cognition (numbing, detachment, guilt) and marked arousal (hypervigilance, startle, irritability, poor concentration, sleep disturbance), lasting more than one month and causing significant impairment at work and at home. The PCL-C score was 58.

After the condition arose, it was worsened during your service. On 14 April 2010, during a peacetime period of service in Australia, you were attacked with a knife by an intoxicated soldier while on duty at the garrison health centre and received a laceration to your forearm while disarming you. On 22 September 2010, during a peacetime live-fire range practice, you were the duty medic and an eyewitness when a soldier was shot dead by a ricochet. On 12 December 2010 your wife, an Army nurse, was critically injured when the vehicle you were travelling in on a peacetime training exercise rolled over, with a head injury and chest injuries requiring intensive care for nine days. On 6 February 2011 a close friend and fellow medic in your unit died by suicide in Australia, a traumatic death. As a senior medic in garrison from 2008 to 2010 and in Australia after your 2011 deployment, you repeatedly treated training casualties, attended the fatal range incident of September 2010 and conducted clinical debriefs in which soldiers recounted traumatic events in detail. The severe abuse you suffered as a 15-year-old junior apprentice in 1978, physical and sexual assault by senior apprentices and an adult instructor, occurred before the worsening on 15 November 2011. After diagnosis in September 2007 you were posted from 2008 to 2010 to a remote base where no psychologist was available, and your trauma-focused therapy stopped after four sessions.

This has then led to further investigations and the diagnosis of your condition of *Posttraumatic Stress Disorder (Worsening)*. I have accepted your condition of *Posttraumatic Stress 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 15 November 2011.

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