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.

Skin - Seborrheic Dermatitis

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 23 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 May 2025;
- A role 2 resuscitation record and CT report by the medical officer and radiologist, Afghanistan, dated 14 July 2009;
- A specialist letter by the infectious diseases physician, dated 20 November 2009;
- A psychiatric assessment by the consultant psychiatrist, dated 16 August 2010;
- An occupational therapy functional assessment by the occupational therapist, dated 16 August 2010;
- A pre-transplant assessment by the renal physician, dated 17 February 2011;
- An operation report and discharge summary by the transplant surgeon, dated 3 March 2011;
- A neurology consultation by the neurologist, dated 25 March 2011;
- An inpatient nursing record by the registered nurse, dated 1 April 2011;
- A dermatology consultation by the dermatologist, dated 12 April 2011;
- A dermatology follow-up by the dermatologist, dated 30 June 2011;
- An inpatient dermatology consultation and discharge summary by the dermatologist and renal physician, dated 15 August 2014;
- A dermatology follow-up by the dermatologist, dated 10 November 2014.

Your service

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

21 February 2000 and 14 December 2016

Skin - Seborrheic Dermatitis

You have stated that your condition was caused by:

- *having infection with human immunodeficiency virus before the clinical onset of seborrhoeic dermatitis*
- *having Parkinson's disease or secondary parkinsonism at the time of the clinical onset of seborrhoeic dermatitis*
- *having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical onset of seborrhoeic dermatitis*
- *being immobile for at least the four weeks before the clinical onset of seborrhoeic dermatitis*
- *taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical onset of seborrhoeic dermatitis*
- *taking a drug which is associated in the individual with the clinical onset of seborrhoeic dermatitis during drug therapy and either: (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or (b) the redevelopment of seborrhoeic dermatitis on rechallenge with the same drug; and where taking the drug continued for at least the seven days before the clinical onset of seborrhoeic dermatitis*

Diagnosis: Seborrheic Dermatitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 May 2025, and is supported by a dermatology consultation by the dermatologist, dated 12 April 2011.

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

Statement of Principles concerning Seborrhoeic Dermatitis (Balance of Probabilities) (No. 44 of 2021)

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

I am satisfied that you have met the following factor:

- *having infection with human immunodeficiency virus before the clinical onset of seborrhoeic dermatitis*
- *having Parkinson's disease or secondary parkinsonism at the time of the clinical onset of seborrhoeic dermatitis*
- *having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical onset of*

seborrhoeic dermatitis

- *being immobile for at least the four weeks before the clinical onset of seborrhoeic dermatitis*
- *taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical onset of seborrhoeic dermatitis*
- *taking a drug which is associated in the individual with the clinical onset of seborrhoeic dermatitis during drug therapy and either: (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or (b) the redevelopment of seborrhoeic dermatitis on rechallenge with the same drug; and where taking the drug continued for at least the seven days before the clinical onset of seborrhoeic dermatitis*

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 itchy, red, greasy scaling of the scalp with heavy dandruff, flaking of the eyebrows and behind the ears, and red scaly patches in the creases beside the nose and over the upper chest on 1 April 2011.

The diagnosis was made clinically by a dermatologist on 12 April 2011 on the finding of well-demarcated erythema with greasy yellow scale in the characteristic distribution of the scalp, eyebrows, nasolabial folds, retroauricular skin and presternal area. This meets the Statement of Principles definition of seborrhoeic dermatitis. Psoriasis, rosacea, contact dermatitis, tinea and cutaneous lupus were considered and excluded on the distribution, the scale and negative fungal microscopy.

This has then led to further investigations and the diagnosis of your condition of *Seborrheic Dermatitis*. I have accepted your condition of *Seborrheic Dermatitis*.

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 1 April 2011.

Skin - Seborrheic Dermatitis (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 23 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 May 2025;
- A role 2 resuscitation record and CT report by the medical officer and radiologist, Afghanistan, dated 14 July 2009;
- A specialist letter by the infectious diseases physician, dated 20 November 2009;
- A psychiatric assessment by the consultant psychiatrist, dated 16 August 2010;
- An occupational therapy functional assessment by the occupational therapist, dated 16 August 2010;
- A pre-transplant assessment by the renal physician, dated 17 February 2011;
- An operation report and discharge summary by the transplant surgeon, dated 3 March 2011;
- A neurology consultation by the neurologist, dated 25 March 2011;
- An inpatient nursing record by the registered nurse, dated 1 April 2011;
- A dermatology consultation by the dermatologist, dated 12 April 2011;
- A dermatology follow-up by the dermatologist, dated 30 June 2011;
- An inpatient dermatology consultation and discharge summary by the dermatologist and renal physician, dated 15 August 2014;
- A dermatology follow-up by the dermatologist, dated 10 November 2014.

Your service

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

21 February 2000 and 14 December 2016

Skin - Seborrheic Dermatitis (Worsening)

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

- *having infection with human immunodeficiency virus before the clinical worsening of seborrhoeic dermatitis*

- *having Parkinson's disease or secondary parkinsonism at the time of the clinical worsening of seborrhoeic dermatitis*
- *having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical worsening of seborrhoeic dermatitis*
- *being immobile for at least the four weeks before the clinical worsening of seborrhoeic dermatitis*
- *taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical worsening of seborrhoeic dermatitis*
- *taking a drug which is associated in the individual with the clinical worsening of seborrhoeic dermatitis during drug therapy and either: (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or (b) the worsening of seborrhoeic dermatitis on rechallenge with the same drug; and where taking the drug continued for at least the seven days before the clinical worsening of seborrhoeic dermatitis*
- *wearing a surgical mask or face covering intended to provide protection from human-to-human respiratory virus transmission, for a cumulative period of at least 20 hours in the seven days before the clinical worsening of seborrhoeic dermatitis*
- *inability to obtain appropriate clinical management for seborrhoeic dermatitis*

Diagnosis: Seborrheic Dermatitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 May 2025, and is supported by a dermatology consultation by the dermatologist, dated 12 April 2011.

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

Statement of Principles concerning Seborrhoeic Dermatitis (Balance of Probabilities) (No. 44 of 2021)

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

I am satisfied that you have met the following factor:

- *having infection with human immunodeficiency virus before the clinical worsening of seborrhoeic dermatitis*
- *having Parkinson's disease or secondary parkinsonism at the time of the clinical worsening of seborrhoeic dermatitis*
- *having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical worsening of seborrhoeic dermatitis*

- *being immobile for at least the four weeks before the clinical worsening of seborrhoeic dermatitis*
- *taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical worsening of seborrhoeic dermatitis*
- *taking a drug which is associated in the individual with the clinical worsening of seborrhoeic dermatitis during drug therapy and either: (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or (b) the worsening of seborrhoeic dermatitis on rechallenge with the same drug; and where taking the drug continued for at least the seven days before the clinical worsening of seborrhoeic dermatitis*
- *wearing a surgical mask or face covering intended to provide protection from human-to-human respiratory virus transmission, for a cumulative period of at least 20 hours in the seven days before the clinical worsening of seborrhoeic dermatitis*
- *inability to obtain appropriate clinical management for seborrhoeic dermatitis*

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 itchy, red, greasy scaling of the scalp with heavy dandruff, flaking of the eyebrows and behind the ears, and red scaly patches in the creases beside the nose and over the upper chest on 1 April 2011.

The diagnosis was made clinically by a dermatologist on 12 April 2011 on the finding of well-demarcated erythema with greasy yellow scale in the characteristic distribution of the scalp, eyebrows, nasolabial folds, retroauricular skin and presternal area. This meets the Statement of Principles definition of seborrhoeic dermatitis. Psoriasis, rosacea, contact dermatitis, tinea and cutaneous lupus were considered and excluded on the distribution, the scale and negative fungal microscopy.

After the condition arose, it was worsened during your service. HIV infection, present since 2009, continued on antiretroviral therapy up to the documented worsening on 15 August 2014, when your CD4 count had fallen to 240 cells/uL during treatment for transplant rejection. Drug-induced parkinsonism recurred by 5 July 2014 after haloperidol was restarted on 20 June 2014, and was present at the worsening on 15 August 2014, with rigidity and a masked face recorded on the ward. At the worsening on 15 August 2014 you had a psychotic depressive relapse of your major depressive disorder with complete neglect of self-care, and persisting right brachial plexus weakness, and you were bed-bound. You were bed-bound in hospital from 10 July 2014 with transplant rejection, pneumonia and influenza A, covering the four weeks before the worsening, from 18 July 2014 to 15 August 2014. Fluorouracil 5 per cent cream was applied twice daily from 28 July 2014 to a new superficial basal cell carcinoma of the forehead, throughout the seven days before the worsening, from 8 August 2014 to 15 August 2014. Haloperidol was restarted on 20 June 2014 and taken continuously through the seven days before the worsening on 15 August 2014, which occurred during that therapy and was a worsening on rechallenge with the same drug, meeting limb (b). Because you had influenza A and was profoundly

immunosuppressed, you were required to wear a surgical mask whenever staff or visitors were in your room and during transfers, about four to six hours a day, a cumulative period of more than 20 hours in the seven days from 8 August 2014 to 15 August 2014. During the 2014 admission you were managed by renal and intensive care teams, and dermatology review was not obtained for five weeks after the flare began in early July 2014; your ketoconazole treatment was not continued on admission.

This has then led to further investigations and the diagnosis of your condition of *Seborrheic Dermatitis (Worsening)*. I have accepted your condition of *Seborrheic Dermatitis (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 August 2014.

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.