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.

Syncope/Faint on Parade

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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A deployed health record by the medical officer, Afghanistan, dated 2 April 2012;
- A deployed health record by the medical officer, Afghanistan, dated 8 July 2012;
- A walking blood bank donation record by the medical officer, Afghanistan, dated 12 July 2012;
- A casualty treatment record by the medic, Afghanistan, dated 14 July 2012;
- An echocardiogram report by the cardiologist, dated 6 November 2012;
- A cardiology consultation and tilt table report by the cardiologist, dated 20 November 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 3 September 2015;
- A deployed health record by the CT brain and pathology reports, Medical Officer and Radiologist, Iraq, dated 8 August 2016;
- A deployed health record by the medical officer, Iraq, dated 1 September 2016;
- A cardiology consultation and tilt table report by the cardiologist, dated 12 December 2016;
- A clinical assessment by the general practitioner, dated 30 April 2025.

Your service

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

22 June 2010 and 12 December 2020

Syncope/Faint on Parade

You have stated that your condition was caused by:

- *standing motionless in an upright posture for at least 30 minutes at the time of the clinical onset of syncope*
- *being exposed to an environmental temperature of at least 30 degrees Celsius, or wearing heavy or insulating clothing in a warm environment, at the time of the clinical onset of syncope*
- *having a fluid deficit from inadequate intake, fasting or heavy sweating within the 12 hours before the clinical onset of syncope*
- *having an acute illness causing vomiting, diarrhoea or fever within the 7 days before the clinical onset of syncope*
- *donating or losing at least 450 mL of blood within the 72 hours before the clinical onset of syncope*
- *taking a drug that causes orthostatic hypotension or impairs the cardiovascular reflexes, including a tricyclic antidepressant, an alpha-adrenergic blocker or an antihypertensive drug, for at least the 2 weeks before the clinical onset of syncope*
- *having fewer than 5 hours of sleep in the 24 hours before the clinical onset of syncope*
- *experiencing an acute emotional stressor, including grief, fear or the sight of injury, at the time of the clinical onset of syncope*

Diagnosis: Syncope/Faint on Parade

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 April 2025, and is supported by a cardiology consultation and tilt table report by the cardiologist, dated 20 November 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *standing motionless in an upright posture for at least 30 minutes at the time of the clinical onset of syncope*
- *being exposed to an environmental temperature of at least 30 degrees Celsius, or wearing heavy or insulating clothing in a warm environment, at the time of the clinical onset of syncope*

- *having a fluid deficit from inadequate intake, fasting or heavy sweating within the 12 hours before the clinical onset of syncope*
- *having an acute illness causing vomiting, diarrhoea or fever within the 7 days before the clinical onset of syncope*
- *donating or losing at least 450 mL of blood within the 72 hours before the clinical onset of syncope*
- *taking a drug that causes orthostatic hypotension or impairs the cardiovascular reflexes, including a tricyclic antidepressant, an alpha-adrenergic blocker or an antihypertensive drug, for at least the 2 weeks before the clinical onset of syncope*
- *having fewer than 5 hours of sleep in the 24 hours before the clinical onset of syncope*
- *experiencing an acute emotional stressor, including grief, fear or the sight of injury, at the time of the clinical onset of syncope*

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 hot, sweaty, nauseated and light-headed, with greying and narrowing of vision, then lost consciousness for about 20 seconds and woke on the ground with a grazed chin, recovering within minutes but feeling exhausted for the rest of the day.Since the 2016 worsening you have frequent light-headedness and near-faints on standing for more than 10 to 15 minutes, in queues and in hot weather, and three further faints, one causing a head injury on 14 July 2012.

The diagnosis rests on a witnessed transient loss of consciousness of about 20 seconds with typical prodromal heat, nausea, light-headedness and greying of vision, triggered by prolonged standing in heat and emotional distress, with bradycardia and hypotension recorded by the medic and rapid, complete recovery. The brief jerking movements were typical of convulsive syncope rather than epilepsy, and blood glucose and the ECG were normal.

This has then led to further investigations and the diagnosis of your condition of *Syncope/Faint on Parade*. I have accepted your condition of *Syncope/Faint on Parade*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 14 July 2012.

Syncope/Faint on Parade (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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A deployed health record by the medical officer, Afghanistan, dated 2 April 2012;
- A deployed health record by the medical officer, Afghanistan, dated 8 July 2012;
- A walking blood bank donation record by the medical officer, Afghanistan, dated 12 July 2012;
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- An echocardiogram report by the cardiologist, dated 6 November 2012;
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- A deployed health record by the CT brain and pathology reports, Medical Officer and Radiologist, Iraq, dated 8 August 2016;
- A deployed health record by the medical officer, Iraq, dated 1 September 2016;
- A cardiology consultation and tilt table report by the cardiologist, dated 12 December 2016;
- A clinical assessment by the general practitioner, dated 30 April 2025.

Your service

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

22 June 2010 and 12 December 2020

Syncope/Faint on Parade (Worsening)

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

- *standing motionless or with little movement in an upright posture for at least 30 minutes in an environmental temperature of at least 30 degrees Celsius, repeatedly, before the clinical worsening of syncope*

- *taking a drug that causes orthostatic hypotension, including an alpha-adrenergic blocker, for at least the 2 weeks before the clinical worsening of syncope*
- *having a fluid deficit from inadequate intake or heavy sweating at the time of the clinical worsening of syncope*
- *inability to obtain appropriate clinical management for syncope*

Diagnosis: Syncope/Faint on Parade (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 April 2025, and is supported by a cardiology consultation and tilt table report by the cardiologist, dated 20 November 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *standing motionless or with little movement in an upright posture for at least 30 minutes in an environmental temperature of at least 30 degrees Celsius, repeatedly, before the clinical worsening of syncope*
- *taking a drug that causes orthostatic hypotension, including an alpha-adrenergic blocker, for at least the 2 weeks before the clinical worsening of syncope*
- *having a fluid deficit from inadequate intake or heavy sweating at the time of the clinical worsening of syncope*
- *inability to obtain appropriate clinical management for syncope*

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 hot, sweaty, nauseated and light-headed, with greying and narrowing of vision, then lost consciousness for about 20 seconds and woke on the ground with a grazed chin, recovering within minutes but feeling exhausted for the rest of the day.Since the 2016 worsening you have frequent light-headedness and near-faints on standing for more than 10 to 15 minutes, in queues and in hot weather, and three further faints, one causing a head injury on 14 July 2012.

The diagnosis rests on a witnessed transient loss of consciousness of about 20 seconds with typical prodromal heat, nausea, light-headedness and greying of vision, triggered by prolonged standing in heat and emotional distress, with bradycardia and hypotension recorded by the medic and rapid, complete recovery. The brief jerking movements were typical of convulsive syncope rather than epilepsy, and blood glucose and the ECG were normal.

After the condition arose, it was worsened during your service. On warlike service in Iraq from 20 July to 30 August 2016 you supervised training ranges for six to eight hours a day, standing for long periods in temperatures of 45 to 48 degrees Celsius. You took prazosin, an alpha-adrenergic blocker, at 2 mg nightly from 3 September 2015 and 3 mg from March 2016, prescribed for nightmares of posttraumatic stress disorder arising from your warlike service in Afghanistan. On 8 August 2016, after the faint that caused your head injury, blood tests showed sodium 147 mmol/L and urea 9.8 mmol/L, documenting dehydration from heavy sweating on the range in 45 to 48 degrees Celsius with limited access to water during range serials on warlike service. No cardiology review or tilt testing was available in Iraq, your prazosin was not reviewed despite three faints, and you were kept on range supervision in extreme heat until your return.

This has then led to further investigations and the diagnosis of your condition of *Syncope/Faint on Parade (Worsening)*. I have accepted your condition of *Syncope/Faint on Parade (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 20 July 2016.

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